

Waste watchers

Pharmacists at the forefront
of reducing £300m unused
medicines bill

pages 4 and 5

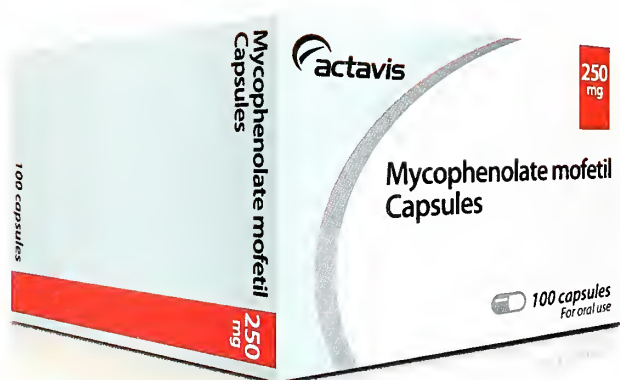
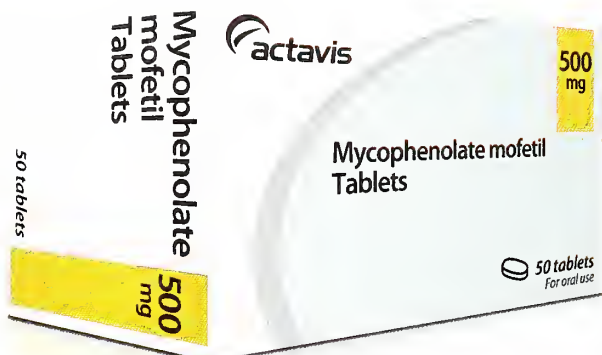
**CPD
ZONE**

EHC in under-16s: how to handle parent questions page 19

HELPING PATIENTS MANAGE THYROID DISEASE page 22

Nine top tips to avoid CV slip-ups page 32

MYCOPHENOLATE mofetil



Mycophenolate mofetil Prescribing Information. Please refer to the Summary of Product Characteristics (SPC) before prescribing

Presentation: 250mg capsules & 500mg film-coated tablets

Indications: Prophylaxis of acute transplant rejection in allogeneic renal, cardiac or hepatic transplants in combination with ciclosporin and corticosteroids

Dosage and Administration: Treatment should be initiated and maintained by transplant specialists. **Renal transplant:** Adults: 1g orally twice daily, initiated within 72 hours following transplantation. Children and adolescents (2-18 years): Only prescribe capsules to patients with body surface area of at least 1.25m² and tablets for body surface area greater than 1.5m². Standard dose 600mg/m² orally twice daily (to max of 2g daily). For body surface area of 1.25-1.5m² can use 750mg twice daily and for greater than 1.5m² can use 1g twice daily. Adverse reactions occur with greater frequency compared with adults.

Temporary dose reduction or interruption may be required, taking into account clinical factors including severity of reaction. Children (2-18 years): not recommended. Limited safety and efficacy data available. **Cardiac transplant:** Adults: 1.5g twice daily orally, initiated within 5 days following transplantation. Children: no data available. **Hepatic transplant:** Adults: IV should be administered for first 4 days following transplant, with oral initiated as soon after this as can be tolerated. Recommended oral dose is 1.5g twice daily. Children: no data available. **Elderly (≥65 years):** 1g twice daily for renal transplant patients and 1.5g twice daily for cardiac or hepatic transplant patients. **Renal impairment:** doses greater than 1g twice daily should be avoided in renal transplant patients with severe chronic renal impairment (GFR < 25 mL/min/1.73 m²), outside immediate post-transplant period. Monitor patients carefully. No dose adjustments needed in patients experiencing delayed renal graft function post-operatively. No data available for cardiac or hepatic transplant patients with severe chronic renal impairment. **Severe hepatic impairment:** no dose adjustments needed for renal transplant patients with severe hepatic parenchymal disease. No data available for cardiac transplant patients. **Treatment during rejection episodes:** mycophenolic acid (MPA) is the active metabolite of mycophenolate mofetil. Renal transplant rejection does not lead to changes in MPA pharmacokinetics, dosage reduction or interruption of mycophenolate mofetil is not required. There is no basis for mycophenolate mofetil dose adjustment following cardiac transplant rejection. No pharmacokinetic data available during hepatic transplant rejection.

Contraindications: Hypersensitivity to mycophenolate mofetil or MPA. Women who are breastfeeding.

Warnings and Precautions: Increased risk of lymphomas and other malignancies, particularly of the skin, with immunosuppressive regimens involving combinations of medicines including mycophenolate mofetil. Risk appears to be related to intensity and duration of immunosuppression rather than use of specific agent. To minimise risk for skin cancer, limit exposure to sunlight and UV light by wearing protective clothing and using sunscreen. Patients should immediately report evidence of infection, unexpected bruising, bleeding or other manifestation of bone marrow depression. Over-suppression of immune system increases susceptibility to infection including opportunistic infections,

fatal infections and sepsis. Increased risk for opportunistic infections (bacterial, fungal, viral & protozoal), fatal infections and sepsis with immunosuppressants, including mycophenolate mofetil. This includes BK virus associated nephropathy and JC virus associated progressive multifocal leukoencephalopathy (PML). These are often related to high total immunosuppressive burden and may lead to serious/fatal conditions-take into consideration in immunosuppressed patients with deteriorating renal function or neurological symptoms. Monitor for neutropenia, which may be related to mycophenolate mofetil, concomitant medications, viral infections, or a combination. Perform complete blood counts weekly during first month, twice monthly for second and third months of treatment, then monthly through first year. If neutropenia develops, consider interrupting or discontinuing mycophenolate mofetil. Vaccinations may be less effective. Avoid use of live attenuated vaccines. Influenza vaccination may be of value refer to national guidelines. Administer with caution in patients with active serious digestive system disease. Avoid in rare hereditary deficiency of hypoxanthine-guanine phosphoribosyl-transferase (HGPRT) such as Lesch-Nyhan and Kelley-Seegmiller syndrome.

Drug Interactions: Azathioprine. Aciclovir or its prodrugs, e.g. valaciclovir. Antacids with magnesium and aluminium hydroxides, colestyramine, medicines that interfere with enterohepatic circulation, ciclosporin A, ganciclovir, ifampicin, sirolimus, sevelamer, norfloxacin and meropenidazole combined, tacrolimus. Probenecid and other substances known to undergo renal tubular secretion. Live vaccines.

Pregnancy & Lactation: Pregnancy do not initiate until negative pregnancy test obtained. Use effective contraception before, during, and for 6 weeks following discontinuation of therapy. Consult physician immediately if pregnancy occurs. Use not recommended where no suitable alternative. Only use where potential benefit outweighs potential risk to foetus. Limited data available: congenital malformations including ear malformations have been reported in children of patients exposed to mycophenolate mofetil in combination with other immunosuppressants. Spontaneous abortions have been reported. Animal studies have shown reproductive toxicity. Breast-feeding: contra-indicated. Mycophenolate mofetil is excreted in milk of lactating rats, not known whether excreted in human milk.

Undesirable Effects: Refer to full details of undesirable effects. **Adverse reactions from clinical trials when in combination with ciclosporin and corticosteroids:** principally diarrhoea, leucopenia, sepsis and vomiting and higher frequency of infections. Malignancies: increased risk of lymphomas and other malignancies, particularly of skin. Opportunistic infections: most commonly candida mucocutaneous, CMV viraemia/syndrome and Herpes simplex. Children and adolescents (aged 2 to 18 years): Type and frequency of adverse reactions with 600 mg/m² orally twice daily generally similar to adults given 1g twice daily. Diarrhoea, sepsis, leucopenia, anaemia and infection more frequent in paediatric patients particularly in under 6 years of age. Elderly patients (≥65 years): Potential increased risk of certain infections (including cytomegalovirus tissue invasive disease), gastrointestinal haemorrhage and pulmonary oedema, compared to younger individuals. **Other adverse reactions when in combination with ciclosporin and corticosteroids:**

Very common and common: sepsis, gastrointestinal candidiasis, urinary tract infection, herpes simplex, herpes zoster, pneumonia, influenza, respiratory tract infection, respiratory moniliasis, gastrointestinal infection, candidiasis, gastroenteritis, infection, bronchitis, pharyngitis, sinusitis, fungal skin infection, skin candida, vaginal candidiasis, rhinitis. Skin cancer, benign neoplasm of skin. Leucopenia, thrombocytopenia, anaemia, pancytopenia, leucocytosis. Acidosis, hyperkalaemia, hypokalaemia, hyperglycaemia, hypomagnesaemia, hypocalcaemia, hypercholesterolaemia, hyperlipidaemia, hypophosphataemia, hypouricaemia, gout, anorexia. Agitation, confusional state, depression, anxiety, thinking abnormal, insomnia. Convulsion, hypertension, tremor, somnolence, myasthenic syndrome, dizziness, headache, paraesthesia, dysgeusia. Tachycardia. Hypotension, hypertension, vasodilatation. Pleural effusion, dyspnoea, cough. Vomiting, abdominal pain, diarrhoea, nausea, gastrointestinal haemorrhage, peritonitis, ileus, colitis, gastric ulcer, duodenal ulcer, gastritis, oesophagitis, stomatitis, constipation, dyspepsia, flatulence, eructation. Hepatitis, jaundice, hyperbilirubinaemia. Skin hypertrophy, rash, acne, alopecia. Arthralgia. Renal impairment. Oedema, pyrexia, chills, pain, malaise, asthenia. Hepatic enzyme increased, blood creatinine increased, blood lactate dehydrogenase increased, blood urea increased, blood alkaline phosphatase increased, weight decreased. **Post-marketing undesirable effects:** Reports are similar to those seen in clinical studies. Additional adverse reactions reported after marketing: Gastrointestinal colitis including cytomegalovirus colitis, pancreatitis and intestinal villous atrophy. Disorders related to immunosuppression: serious life-threatening infections including meningitis, endocarditis, tuberculosis and atypical mycobacterial infection. BK virus associated nephropathy, JC virus associated PML. Agnucytosis, neutropenia, aplastic anaemia and bone marrow depression. Some fatal hypersensitivity including angioneurotic oedema and anaphylactic reaction.

Driving or Using Machinery: No studies performed. Pharmacodynamics and reported adverse reactions indicate an effect is unlikely.

Pack Size and NHS Price: 500mg Tablets x 50-E82.26, 250mg Capsules x 100-E82.26.

Legal Category: POM

Marketing Authorisation Holder: Actavis Group PTC ehf, Reykjavikurvegur 76-78, 220 Hafnarfjörður, Iceland.

Marketing Authorisation Numbers: PL 30306/0154 (Caps) & PL 30306/0053 (Tabs).

Date of PI Preparation: October 2010.

Adverse events should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk.

Adverse events should also be reported to Actavis on 01271 311257.

Job number: 2010-HOS-0315

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"FAILING TO TIE MURS IN WITH GPs AND FAILING TO CONSULT GRASSROOTS PHARMACISTS ABOUT HOW MURS ARE DELIVERED IN PRACTICE HAS DOGGED THE SERVICE SINCE ITS INCEPTION"

I've lost track of the number of reports into medicines wastage that have been touted over the years. Each time, we're told that patients are throwing away drugs by the bin-full and pharmacists are ready and willing to save the NHS several hundred million pounds.

And the latest research into medicines wastage (p5) adds further fuel to the waste debate. Around £300 million of drugs are wasted every year and up to half of this is avoidable, claim the authors.

But perhaps what makes this study different from some of its predecessors is its argument that, in welfare terms, significantly greater returns can be generated by better use of medicines as opposed to waste reduction per se.

It's an obvious conclusion and one that makes perfect sense when it's spelt out in black and white. And the government seems to agree too.

Pharmacy minister Earl Howe has voiced his support for pharmacists to assist patients in using medicines through targeted MURs and a new service for patients prescribed a medication for the first time (p4). It is perhaps the most positive speech given by recent pharmacy ministers – but then again, that's not exactly difficult.

What's more important is how this new service should be funded – and this shouldn't just be based on allocating whatever's left in the

bottom of the pot after everything else had been paid for. The issue of wasted medicines is far too important for that. In isolation it seems a relatively easy nut to crack, but buried on p68 of the study is a little gem that puts the issue into perspective.

It says that waste reduction shouldn't be seen as a simple end, but more as a symptom of the quality of care as a whole. And it argues that a holistic approach will reduce waste as a by-product of improving overall care.

So the 'first prescription service' that is being developed by PSNC and the DH is a great idea, but unless it's delivered in collaboration between pharmacists, medics and the pharmaceutical industry (who play an important role through the design and appearance of medicines and packaging and the sharing of information), it may not deliver the results that our patients deserve.

If you need an example, look no further than MURs. As a whole, they ought to be delivering far more than they are. But the failure to tie the service in with what GPs are charged with delivering and the failure to consult grassroots pharmacists about how MURs are delivered in practice has dogged the service since its inception.

Let's not make the same mistake again.

Gary Paragpuri, Editor

- 4 Medicines service backed by minister
- 5 Sector can help tackle £300m waste bill
- 6 NPA slams supply deals
- 8 Consortia role debated
- 10 Sudafed redesign announced
- 12 Xrayset and Mike Hewitson
- 16 LPC Conference coverage
- 33 Classified
- 38 Postscript

- 19 Ethical Dilemma
Disclosure of sensitive information
- 22 Update: thyroid disease, part 2
The clinical features and treatment of thyroid disease
- 24 Practical Approach
A question on assisted dying
- 26 The C+D Awards
Pharmacy Team of the Year 2010: Fishers Chemist
- 28 Specials
A best practice guide
- 32 Careers
How to avoid CV slips

New medicines service gets backing of pharmacy minister

Earl Howe tells LPC conference he supports new service and targeted MURs



Earl Howe: advocating the new service but warned funding depended on affordability

Hannah Flynn
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Pharmacy minister Earl Howe has voiced his support for nationally agreed targeted MURs and a new pharmacy-based medicines service for people prescribed a medication for the first time.

These moves would ensure efficiency savings were made and help patients get the best out of their medicines, he said.

Speaking at PSNC's LPC dinner, Earl Howe said: "It has to be right to target MURs to those patients who are likely to benefit from them most."

He added that it was important to ensure that patients understood the medicines they had been given from the first time they were prescribed.

Earl Howe said: "I am an advocate of the new medicine service being mainstreamed within community pharmacy... I am therefore keen for

discussions to continue with NHS Employers and PSNC to finalise proposals."

But he warned: "Final decisions on investment, however, will need to take account of availability and affordability of funding."

"Investing savings from reduced generic medicine prices is an obvious source, with the early results from the latest medicine margin survey due in the New Year to inform decisions from April 2011," he said.

Earl Howe added that he had asked the Department of Health's chief pharmaceutical officer Keith Ridge to ensure the potential of pharmacy to help improve public health was realised.

For full coverage of the
LPC Conference

See p16-17 and C+D's website

Numark says action needed

Numark is "delighted" that a new medicines service is on the cards, but has called on the government to take "action quickly" following Earl Howe's speech.

The government needed to be mindful that it was riding on pharmacists' goodwill, which would not last "without tangible outcomes", the group said. "These new and improved services require funding and it is imperative that new money is made available for them; we can not see money taken away with one hand and given back with the other," director of professional and training services Mimi Lau told C+D.

Ms Lau also called for a service level agreement to ensure that medicines wastage was minimised.

Multiples adopt IT evidence base

Multiples have backed PSNC's PharmaBase software, saying it will improve the consistency of processing enhanced services and could help the sector prove its worth.

The system will enable pharmacists to submit claims for services and record outcomes online, and was launched last week at the LPC Conference.

It is hoped the software will be used to collect and collate evidence on pharmacy service provision.

Tesco is set to use PharmaBase and superintendent pharmacist Adrian Price told C+D it was now up to the sector to engage and prove the worth of the services it offers. "We will be engaging with PharmaBase – if pharmacy acts as one we'll be in a lot stronger position going forward," he said.

The Co-operative Pharmacy also confirmed plans to use PharmaBase. The group was involved in pilots and told C+D it believed the system would help improve consistency in handling service claims.

Anne De Prez, pharmacy systems development manager, said:



Tesco is one of a number of multiples that has agreed to use PSNC software to collect evidence on pharmacy services

"PharmaBase will provide pharmacies with the opportunity to have a consistent means of monitoring and claiming payments and going forward it will produce the data that is required to measure service provision."

Lloydspharmacy welcomed the introduction of software that would allow pharmacy to become a

meaningful and integrated partner in the new NHS. The multiple said it was awaiting further details on roll out of the service.

Boots told C+D it supported the system. A spokesperson said: "We believe it is a positive way forward to supporting implementation and reporting associated with pharmacy services." **HF**

Three days' takings stolen

A pharmacy employee was left "shaken up" after a robbery that saw three days' worth of takings stolen as she walked to bank the money.

The takings from Tilehurst Pharmacy in Reading were stolen at around 9.15am on November 15 as the 59-year-old staff member was on her way to the Post Office.

The female employee told C+D: "There were lots of witnesses. Someone chased him away, but I didn't see anything as the thief came from behind."

After the woman's bag was snatched in broad daylight, the pharmacy has changed the way that it banks its takings.

Someone will now come into the pharmacy to collect the money as is the practice with other shops in the area.

Thames Valley Police appealed for anyone who may have been in the area at the time and may have seen or heard anything to get in touch. **MR**



Chief pharmacist says sector can help tackle £300m waste bill

CPO supports role for sector after research reveals extent of medicines waste every year

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England's chief pharmaceutical officer has backed a key role for pharmacy in reducing medicines waste after research found around £300 million was spent on unused medicines every year.

About one in every £25 spent on medicines is wasted as medicines remained unused, a report by the York Health Economics Consortium and the London School of Pharmacy has found.

However, around 30-50 per cent of that waste was unavoidable, such as being through patient death or PRN overestimates. And overall waste was comparable to that of other countries and "should not... be regarded as a serious systemic problem in the NHS," the report concluded.

Chief pharmaceutical officer Keith Ridge said it was more important to focus on the use of medicines to

deliver patient outcomes, rather than whether drugs were wasted, despite the potential £150m saving being "a considerable sum of recoverable money".

The Department of Health (DH) had recognised pharmacists' key role in this area, and had agreed "in principle" to a first prescription service and more targeted MURs, Dr Ridge added. But he stressed any services would require greater partnership with GPs.

Dr Ridge said: "These initiatives will require GPs and community pharmacists to work much closer together, as clinicians collaborating with patients to reach best outcomes. Such collaboration is currently not routine. Surely the public would expect such collaboration."

Pharmacy minister Earl Howe also welcomed the report. The DH had tasked the King's Fund to form a roundtable, to be held in January, to discuss the issue further, he added.



Medicines waste in primary care costs the NHS £300m per year, or 0.3 per cent of total NHS outlays

Only about £150m of waste is avoidable

£110m of unused medicines returned to community pharmacies annually

£90m worth of unused prescription medicines are retained in individuals' homes at any one time

'Not dispensed' initiatives, targeted MURs or a first prescription service through community pharmacy could help reduce waste

Source: York Health Economics Consortium and the London School of Pharmacy research. The report can be downloaded from C+D's website.



Excellence and innovation in pharmacy were celebrated at the Alliance Healthcare Pharmacy Awards held at the Dorchester Hotel in London on November 19. The lifetime achievement award was scooped by Kirit Patel, of Day Lewis (pictured above centre) for his outstanding contribution to pharmacy. Chairman of Alliance Healthcare Mike Smith (above left) said the standard of entries had been higher than ever. "These are undoubtedly difficult times for us all but together we can take pharmacy to a new level and achieve even more next year," he said. MR

Care home review needed, says CPO

A review of how medicines are being used in care homes is needed to ensure patients get the best treatment, England's chief pharmaceutical officer has said.

Patients were not getting optimal outcomes due to issues of compliance and the range of medicines used, Keith Ridge told a Royal College of General Practitioners (RCGP) roundtable on care homes.

"We have come to a point where we need to think quite carefully about medicines, how they are used, about common therapeutic interventions... are we getting the best outcome from medicines... my professional opinion is probably not," he warned.

There was "activity out there" to improve medicines in the care sector, Dr Ridge told the GP roundtable. However, he said there was still a need for a general review of care home medicines, in particular

the "unacceptable prescribing levels" of antipsychotics.

Diuretics, antihypertensives and warfarin also required review as they could lead to hospital admissions through side effects or falls, he added.

"There are probably a limited number of medicines where we can focus our efforts and get this right. I think that would lead to a reduction of the use of medicines in care homes," Dr Ridge said.

He added that a multi-disciplinary approach was needed to improve medicines outcomes and that the review should cover the supply and dispensing of medicines in care homes.

Last year a review of care home medicines by the London School of Pharmacy found seven in 10 patients suffered medication errors.

The care home roundtable was organised by the RCGP and C+D's sister title for GPs, Pulse. CC



New NPA chief executive Mike Holden talks to C+D at the LPC Conference

www.chemistanddruggist.co.uk/video



In brief

GPhC renewal looms

Pharmacists have been reminded that they have until November 30 to renew their registration with the GPhC or face removal from the register from December 31. Subsequently applying to have entry restored leads to a £100 application fee and £540 restoration fee.

COPD timebomb

The UK faces an "economic timebomb" from the impact of COPD, with the condition costing the UK £1.5 billion a year, a report by charity Education for Health and other specialists has warned.

Flu vaccines thrive

Pharmacies have reported significant growth in private flu vaccination services despite national fears that vaccination rates have been low this year. AAH said pharmacies offering vaccines privately had seen increased footfall.

Welsh free scripts

Funding for community health services in Wales will be protected in cash terms in 2011-12, with free prescriptions maintained, the Welsh Assembly Government has promised. The pledge came despite "savage cuts" in funding from the UK government, it said.

CPPE workshop

The Centre for Pharmacy Postgraduate Education (CPPE) is launching a workshop in January 2011 to help make pharmacists in England aware of the coalition government's vision for pharmacy as set out in the NHS white paper.

Read more on all these stories
www.chemistanddruggist.co.uk

NPA slams supply deals

EXCLUSIVE NPA warning follows concerns over Lundbeck deal

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The NPA has hit out at exclusive manufacturer supply arrangements, saying their proliferation is not in the interests of "patients, pharmacies or the wider supply chain".

Chairman Ian Facer said the deals "may meet the narrow objectives of individual manufacturers" but they increase administration and restrict choice in pharmacies.

The comments came after concerns were raised over Lundbeck's deal to supply medicines exclusively through Alliance Healthcare. Independent pharmacists asked for assurance that all pharmacies would receive equal rights when ordering Lundbeck stock, and that discounts would be equally proportioned.

PSNC said it was concerned that use of a sole distributor by Lundbeck would further reduce competition in the wholesale market. And the



Ian Facer: supply deal could restrict choice for community pharmacists

committee warned that without appropriate safeguards, the deal could lead to inequity in pharmacy access to Lundbeck products, compromising patient access.

Lundbeck managing director Stephen Turley told C+D the company was aware that some pharmacists had had difficulties accessing stock in the past. He said

the company's first priority was to get medicines to patients in a timely manner and that the new model was intended to ensure effective supply and improve traceability of their medicines.

He assured contractors that all pharmacies, whatever their size, should be treated equally, and encouraged pharmacists to contact the company directly via their customer services team if they had any issues. The company would discuss these with Alliance Healthcare and expect to see any problems resolved, he said.

Alliance Healthcare would provide continued delivery coverage and availability under the arrangements, Mark Stephenson, AH commercial healthcare director, told C+D.

"We do not discriminate on service and will be ensuring that the new scheme is fair and equitable for all pharmacies. It is simply not in our interests to give preferential treatment to a particular customer base," he added.

Three-year RP rule under fire

Legislation preventing EU-qualified pharmacists being responsible for newly established pharmacies should be scrapped "swiftly", experts have said. The Department of Health had previously indicated it would look to change the requirement, but gave no timeframe.

The NPA has now called on the DH to progress the matter quickly and said in the case of minor relocations, which are regarded as 'new pharmacies': "It must be wrong that a pharmacist who may have been practising in the pharmacy for many years finds himself frozen out by this administrative curiosity."

The comments came after the European Parliament heard the European Commission had been "too gentle" with the UK authorities. In a meeting of the Committee

on Petitions, French pharmacist Fosso Taga reiterated his claim that the rule against EU-qualified pharmacists was discriminatory. And the committee urged the EC to take action, which could mean bringing infringement proceedings against the UK authorities.

David Reissner, head of healthcare at Charles Russell, told C+D he believed the three-year rule would now be changed and he backed the EC's conclusion that it did not agree with the legal interpretation the DH had used to justify the rule. **ZS**

Have you been affected by the three-year rule?

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Poundworld fined £5,000

Discount retailer Poundworld has been fined £5,000 and ordered to pay £9,000 costs after it admitted selling defective digital thermometers and other non-compliant medical devices in the UK.

The MHRA said the thermometers were found to give inaccurate readings and continued to be sold even after formal notices were issued to the retailer. Other non-compliant products sold included bandages, plasters and sterile dressings, the agency said.

MHRA director of devices Peter Commins said the agency would continue to take action against those putting public health at risk, and he encouraged consumers to report faulty medical devices. **HF**

General
Pharmaceutical
Council

RENEW BY

30
NOVEMBER

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Essential Information for Nurofen 200 mg Tablets

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Indications: For the symptomatic relief of mild to moderate pain, such as headache, backache, period pain, dental pain, neuralgia, rheumatic and muscular pain, migraine, cold and flu symptoms, sore throat and fever and pain of non-serious arthritic conditions
Dosage and Administration: Adults, the elderly and children over 12 years. Take 1 or 2 caplets taken with water, up to three times a day as required. Do not exceed 6 caplets in any 24 hours. Leave at least 4 hours between doses. Not for use by children under 12 years of age. Do not use for more than 10 days, or if symptoms worsen, consult a doctor.

Contraindications: Known hypersensitivity to ibuprofen or other ingredients. History of bronchospasm, asthma, rhinitis, or urticaria, associated with aspirin or other non-steroidal anti-inflammatory drugs (NSAIDs). History of, or existing gastrointestinal ulceration/perforation or bleeding, including that associated with NSAIDs. Severe hepatic failure, severe renal failure or severe heart failure. Concomitant NSAIDs, including COX-2 inhibitors. Last trimester of pregnancy. Special warnings and precautions for use: SLE and mixed connective tissue disease. Gastrointestinal disorders and chronic inflammatory intestinal disease. Hypertension and/or cardiac impairment. Renal impairment. Hepatic dysfunction. Bronchial asthma or allergic disease. GI bleeding, ulceration or perforation, which can be fatal has been reported with all NSAIDs at anytime during treatment, with or without warning symptoms or a previous history of GI

bleeding. Caution with concomitant medication which could increase the risk of gastro-intestinal bleeding, including anticoagulants, selective serotonin reuptake inhibitors, aspirin or anti-platelet agents. Do not use Nurofen with blood thinners if GI bleeding or ulceration occurs. Possible reversible effects on fertility. Avoid use during the first 6 months of pregnancy if possible.

Side effects: Hypersensitivity reactions, including (a) non-specific allergic reactions and anaphylaxis, (b) respiratory tract reactivity e.g. asthma, aggravated asthma, bronchospasm, dyspnoea, (c) various skin reactions e.g. pruritic, urticaria, angioedema and more rarely exfoliative and bullous dermatoses (including epidermal necrolysis and erythema multiforme). Gastrointestinal disturbance including peptic ulcer, perforation or ulcer haemorrhage, headache, acute renal failure, liver disorders, haematopoietic disorders including anaemia.

MRRP (Excl. VAT): £ 2.98 (24 tablets) £ 5.49 (48 tablets) £ 9.00 (60 tablets)

Legal category: P

Product Licence Number: PL 00327/0147

Licence Holder: Crooke Healthcare Limited, Nottingham, UK

Date of Revision: April 2010

References: 1. Fearn L, et al. *Practitioner* 1983;227(1277):47-50. 2. *Journal of Clinical Pharmacology* 1996;36(12):1120-5. 3. *Journal of Clinical Pharmacology* 1996;36(12):1120-5.



Dispensary talk

Are pharmacists doing enough to help patients treat themselves?



"Pharmacists are doing as much as they can. The workload means we can't get as much time with patients. We need more funding; there is only so much one person can do."

Neeraj Salwan, Salwan Pharmacy, Johnstone



"Yes 100 per cent. Pharmacists make a difference to people's lives and services really make a difference in the public health arena."

Michael Maguire, Marton Pharmacy, Middlesbrough

Web verdict

Yes, pharmacists are doing enough

41%

We do some, but could do better

41%

No, pharmacists could do more

18%

Armchair view: GP suggestions that pharmacists should take more ownership of patients' illnesses were backed by C+D readers, with more than half admitting the sector could do more.

Next week's question:

Have you talked to your local practice about GP consortia yet? Vote at

www.chemistanddruggist.co.uk

Consortia role debated

Minister can't commit to pharmacy role on commissioning bodies

Zoe Smeaton
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Health minister Simon Burns has failed to outline how the government will ensure pharmacy has input into GP consortia.

But he said pharmacists would have a "vital role" to play in service commissioning and a "real opportunity to develop services" under NHS reforms.

Pharmacy experts said it was a pity Mr Burns had not given a firmer commitment, but were broadly positive about the comments.

Mr Burns was responding to a parliamentary question on whether the health secretary planned to take steps to ensure that GP consortia

included pharmacists in their decision-making processes.

He said effective GP commissioning would require the full range of clinical and professional input alongside that of local people.

Consortia would need to draw on the expertise of those working in health, he said, but added they would "be able to involve specialist expertise in the commissioning of services as they see fit".

DH community pharmacy tsar Jonathan Mason told C+D that until the health bill had been debated in Parliament, it would be difficult for the minister to make any more commitment than he had.

But he said he believed there was "a genuine desire" from the

government for consortia to involve professionals alongside GPs.

AAH head of marketing services Ajit Malhi said it was a pity the minister had not committed to giving pharmacy a place on GP consortia given the real insight pharmacists have into patient demographics.

Mr Malhi encouraged LPCs to begin speaking to local GP practices about consortia as soon as possible.

How do you think pharmacy will fit into GP commissioning?

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Tesco reveals erectile dysfunction hotspots

Bristol has the highest demand for erectile dysfunction (ED) services, according to Tesco pharmacy data.

Demand for the supermarket's private ED service in the city was more than 10 times higher than that for Swindon, which had the lowest demand.

Other hotspots included Solihull, the Lea Valley and east Southampton, Tesco added.

The Tesco ED service, which was launched in September, is available through 300 of its pharmacies to men aged between 40 and 65 years.

Patients complete a

questionnaire, blood pressure test, diabetes screen and cholesterol test before any supply is made.

Tesco commercial manager for pharmacy services Shona Scott said there had been a "strong overall demand" for the service, with demand in England higher than that in Northern Ireland or Scotland. CC

Clinical debate C+D's Chris Chapman looks at the evidence behind the headlines

Telling the time by prescriptions



Last week, I received a letter from pharmacist Milica Kraszkoova, raising an interesting point on how we label medicines. I'll admit, at first, I thought the answer was pretty clear-cut. Now I'm not so sure though – and I want to know what you think.

"I come from Eastern Europe," Ms Kraszkoova writes, "and got a different pharmaceutical education. I am concerned about

the doses which are on antibiotic prescriptions. They state three times a day, four times a day. I was taught that antibiotics have to be taken under the hours schedule."

Ms Kraszkoova's concerns are that patients would get a variable plasma level, sometimes dropping to a subtherapeutic dose, if they are left to decide when their three times a day come; her suggestion is to move to hours.

My first reaction was that it wasn't possible. If you start telling patients a medicine must be taken at a set time, you're going to lose compliance. And with something like antibiotics, which are taken (mostly) as short courses, by the whole spectrum of the public, it's not practicable to set dosing regimens.

But that said, obviously dosing by specific intervals, or at least a close approximation thereof, is

possible – just look at isosorbide mononitrate, or QQH. It's possible that giving precise instructions may even underline the benefit of the drug, meaning patients will be more inclined to take them – reducing medicines waste.

Pharmacist Paul Gimson said when I posed the question on Twitter that the key is to "label according to what best meets the patient's needs". But is that favouring compliance, plasma levels, or a combination? How, exactly, can we maximise the benefits of therapy to the patient?

Let me know what you think, either on Twitter (www.twitter.com/CandDChris) or by posting on the C+D website (www.chemistanddruggist.com).

Ms Kraszkoova may have just started a shift in how we look at prescriptions.

A TEAM THAT DOESN'T CLOCK OFF.

DID YOU KNOW
DAY NURSE IS
NON DROWSY?



DID YOU KNOW
THAT 50%* OF
NIGHT NURSE
USERS DON'T USE
DAY NURSE?

Day-time: Paracetamol, Pseudoephedrine, Pholcodine
Night-time: Paracetamol, Promethazine, Dextromethorphan

DON'T FORGET TO RECOMMEND DAY & NIGHT NURSE FOR COMPLETE 24HR RELIEF FOR COLDS & FLU.

Day & Night Nurse Capsules. Product Information. **Presentation:** *Day-time Capsules:* Capsule with opaque yellow body and opaque orange cap containing Paracetamol 500 mg, Pseudoephedrine hydrochloride 30 mg, Pholcodine 5 mg. *Night-time Capsules:* Capsule with opaque white body and opaque bright green cap containing Paracetamol 500 mg, Promethazine hydrochloride 10 mg, Dextromethorphan hydrobromide 7.5 mg. **Uses:** Short term relief of the symptoms of colds and influenza during the day and night. **Dosage and administration:** **Adults and children 12 years and over:** *Day-time Capsules:* 2 capsules every 4 hours if needed up to 6 capsules in 24 hours. *Night-time Capsules:* 2 capsules just before going to bed. **Children under 12 years:** Not to be given. **Contraindications:** Known hypersensitivity to ingredients, hyperexcitability, cardiovascular disease, hypertension, diabetes, epilepsy, hyperthyroidism, phaeochromocytoma, closed angle glaucoma, prostatic enlargement, severe liver or kidney disease and in patients with asthma, chronic bronchitis and bronchiectasis. Patients taking, or within two weeks of having taken, MAOIs. **Precautions:** Avoid use with other paracetamol-containing preparations. Do not exceed the stated dose. Do not use for more than 7 days except on medical advice. Not recommended in pregnancy and lactation. May reduce the effect of antihypertensive drugs, and increase the risk of arrhythmias in patients using digoxin. May increase sedative effect of alcohol, barbiturates, hypnotics, narcotic analgesics, sedatives, tranquilisers. Caution required in patients taking warfarin or other coumarins, domperidone, metoclopramide and cefixime. The night capsule may cause drowsiness. If affected, do not drive or operate machinery. **Side effects:** May cause nausea, vomiting, diarrhoea or constipation, epigastric pain, headache, dizziness, irritability, nightmares, anorexia, difficulty in micturition, tachycardia, tremors and skin rashes. Drowsiness, dizziness, psychomotor impairment, antimuscarinic effects (such as urinary retention, dry mouth, blurred vision), disorientation, restlessness. There have been very rare reports of blood dyscrasias including thrombocytopenia and agranulocytosis but these were not necessarily causally related to paracetamol. Hypersensitivity reactions including rash and photosensitivity reactions have been reported. **Overdose:** Immediate medical advice should be sought in the event of an overdose, even if the patient feels well, because of the risk of delayed, serious liver damage. **Legal category:** P. **Product licence number:** 00079/0387. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, UK. **Package quantity and RSP:** 24 Capsules (18 day-time capsules, 6 night-time capsules), £4.99. **Date of preparation:** March 2010. Day & Night Nurse is a trademark of the GlaxoSmithKline group of companies. *Source: Kantar Worldpanel, Dec 13/14/15

Sudafed redesign announced

Decongestant brand Sudafed has been renamed and repackaged to make it more patient-friendly, Johnson & Johnson has announced.

The company has replaced the term congestion with 'blocked nose' on packaging and the range now features a modern, contemporary new look, according to the company.

The new packaging will be introduced across the Sudafed range and has been designed to highlight the benefits derived from the active ingredients included in the products.

For example, flowing wave graphics are being used to help illustrate the relief experienced when an individual's symptoms of congestion are alleviated, a spokesperson said.

Prices: £3.99/16 blocked nose & headache capsules; £3.99/16 blocked nose & sinus capsules; £4.85/24 blocked nose capsules; £2.69/12 blocked nose capsules; £3.99/15ml blocked nose nasal spray 0.1 per cent

Pip codes: 357-0694; 357-0660; 357-0611; 357-0629; 357-0132

Market focus

- The total winter remedies market is worth £264.9 million.
- Pharmacy has a share in the total winter remedies market worth £76.3m.

Source: Kantar Worldpanel value, sales 52 weeks to August 8, 2010

Johnson & Johnson
Tel: 01748 828800

Rosemont launches liquid warfarin range

Rosemont Pharmaceuticals has recently launched its new liquid warfarin product, a first for the drug in the UK.

The move follows marketing authorisation being granted to Rosemont, making this the only licensed liquid warfarin in the UK.

Marketing manager at Rosemont

Pharmaceuticals Jan Flynn said: "Warfarin is a potent drug with a narrow therapeutic range and patients frequently need to adjust their dose of warfarin, depending on the results of regular INR (international normalised ratio) tests.

"Liquid warfarin makes dose adjustment more precise and

therefore safer for patients than manipulating tablets."

Prices and Pip codes:
See C+D Monthly Price List or
www.cddata.co.uk.
Rosemont Pharmaceuticals
Tel: 0113 244 1999
www.rosemontpharma.com

In brief

Eczema leaflet launched

A parent and carer's leaflet about eczema has been launched by T&R Derma and accredited by the National Eczema Society. T&R Derma is the new dermatology division of Thornton & Ross.

Thornton & Ross
Tel: 01484 842217
www.trderma.co.uk

Beauty Award winners

Mentholatum has won an award for its Stop n' Grow product in the 2010 Beauty Awards, hosted by Beauty Magazine. Stop n' Grow is designed to help nails grow longer and prevent the user from biting them.

Nelsons Arnica arnica bath and massage balm won Best Health & Well-being Launch of the Year.

More In brief online
www.chemistanddruggist.co.uk



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Diprobace legal category: GSL. Further information available from: Schering-Plough Ltd, Welwyn Garden City, Herts AL7 1TW. Code: DIP-10 GR 16980 J. Date of preparation: October 2010. Date of expiry: October 2012. References: 1. Diprobace SmPC.

MSD

New Durex Play campaign

Durex has announced a new campaign is set to be launched this week for its Play product range, which will run for four weeks.

Focusing on the "theme of magic", the campaign will be supported by a full spectrum of activity, including in-store, online and social media, according to the company.

The campaign includes two television ads – one featuring the

Play range of lubes and the other featuring the recently launched Play 2in1 massage range, a spokesperson said.

Price: £6.49/200ml
Pip codes: 357-1544 Play 2in1 Sensual; 357-1536 Play 2in1 Stimulating
Durex
www.durex.co.uk

On TV next week

Buttercups: All areas except C4 and five
Covonia: All areas
Hedrin: GMTV, five, Sat
Otrivine: GMTV, five, Sat, C4
Ultra Chloraseptic: Sat
PharmaSite for next week: NHS Scotland and Welsh Assembly Government Flu Campaigns – windows, NHS Scotland and Welsh Assembly Government Flu Campaigns – in-store, NHS Scotland and Welsh Assembly Government Flu Campaigns – dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

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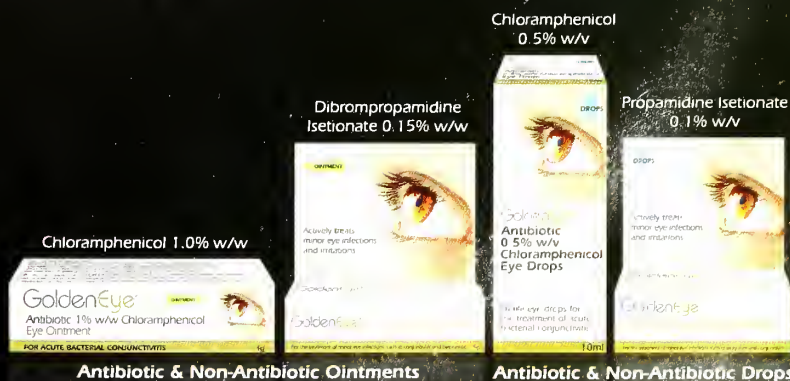
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Golden Eye Antibiotic 1% w/w Chloramphenicol Eye Ointment Marketing Authorisation held by: Martindale Pharmaceuticals Ltd., Bampton Road, Romford, RM3 8UG. Golden Eye Antibiotic 0.5% w/v Chloramphenicol Eye Drops Marketing Authorisation held by: Tubilux Pharma SpA, Via Costanza, 20/22 - 00040 Pomezia, Rome, Italy. Distributed by: Typharm Ltd., 14D Wendover Road, Rackheath Industrial Estate, Norwich, NR13 6LH. **Indications:** For the topical treatment of acute bacterial conjunctivitis. **Golden Eye 0.15% w/w Eye Drops Solution and Golden Eye 0.15% w/w Eye Ointment Marketing Authorisation held by:** Typharm Limited, 14D Wendover Road, Rackheath Industrial Estate, Norwich, NR13 6LH. **Indications:** For the treatment of minor eye or eyelid infections, such as conjunctivitis and blepharitis. **Legal Category:** [P]. Further prescribing information is available from Typharm Ltd. at the address above.

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Is 'lack of confidence' really the problem?



"OF COURSE, WHEN I FIRST TRAINED WE WERE STILL SELLING SUCH STAPLES AS GEE'S LINCTUS AND FATHER PIERRE'S MONASTERY HERBS"

Reading the patient self-care articles in last week's C+D made me think about my own OTC consultations. Do I really take ownership of minor ailments, or – as suggested by the BMA – do I have a "lack of confidence", and should be encouraging more patients to come back to me rather than onwards to their GP?

The foundation of my OTC knowledge came during pre-reg year, based on the 'Minor Illness or Major Disease?' principle that helped me judge when I could support a patient's self-care, but with the safety rider of "if this doesn't do the trick, see your GP". Of course, when I first trained we were still selling such staples as Gee's Linctus and Father Pierre's Monastery Herbs, so my armoury of treatments was basically codeine, ephedrine, and 16 different forms of purgative. And to ensure the patient didn't come back, we could sell paracetamol in bottles of 100.

Changing times mean that we now no longer sell codeine or ephedrine, and children under six can get stronger chemicals in their sweets, but the mantra of "if no better see GP" was developed in the days when drugs such as fluconazole, and omeprazole were prescription only medicines. So with our developing OTC formulary, are we now in a position to say "come back and see me again if you're no better"? Certainly that's true of many skin conditions, where we can work patients through a series of emollients, steroids, and topical antifungals. But we can't say "come back

to me" where there are less distinct symptoms that require investigation if persistent – as with a patient this week who told me the growth on her lung had been picked up after I stressed she must see her GP about her cough.

The biggest stumbling block is that patients don't make appointments – they just pitch up – so there is no guarantee they will see the same pharmacist. Even when they do, it's often to say "that stuff you gave me the other year did the trick" and although they can't remember the name, they know it's none of the products you show them. The "come back and see me" business will only really work in pharmacy if we change our current simple and easy model for one that involves OTC patient records. I'm not convinced that patients will understand when we ask them for personal details each time we sell them simple linctus, or vitamins or toothpaste. And that's the problem – where do we draw the line?

So for the BMA concerned about our apparent "lack of confidence", let's not forget that the reverse is also true. How often is a doctor's receptionist heard to say: "Go to the chemist first, and see what they say..."

Will OTC records lead to improvement in patient care?

haveyoursay@chemistanddruggist.co.uk

Delivering the NHS's QIPP agenda

Mr Pot, meet Mr Kettle. That's how I feel about the NHS QIPP drive right now. Quality, innovation, productivity and prevention. Its intentions are absolutely correct – getting the best possible use and outcomes of taxpayers money – I'm a taxpayer and I agree. What frustrates me is the hypocritical decision making when it comes to pharmacy.

Take the much-trailed First Prescription Service, aimed at improving compliance and concordance for patients with long-term conditions who are prescribed new medicines. Logic would suggest that getting patients to take their prescribed medicines would fit into quality (better outcomes as a result of using medicines more effectively); innovation (using pharmacists in a new and better way); productivity (getting better value for money by reducing waste and improving outcomes); and prevention (of complications and hospital

admissions by ensuring optimal management of long-term conditions).

Yet as usual we are still pleading with the DH to invest relatively modest sums – which could well be offset by the savings produced by this service – in pharmacy. We have a secretary of state who is prepared to roll the dice and gamble £80 billion of taxpayers money on a complete reconfiguration of the NHS, yet the Department appears to be quibbling over loose change.

At the recent C+D Senate Live session at the Pharmacy Show, the audience was asked to vote on whether it still wanted to be involved in the procurement of medicines. A slim majority, including myself, voted in favour of this role. This might seem at odds with my stance as a pharmacist who wants to deliver services – I do not accept that we have to be suppliers of medicines or providers of services, we can and should do both as these

roles complement each other.

There appears to be an increasing push towards the use of hub-and-spoke dispensing for the purposes of cutting costs – a bogus argument given that pharmacy is one of the few areas of the NHS where productivity has actually risen.

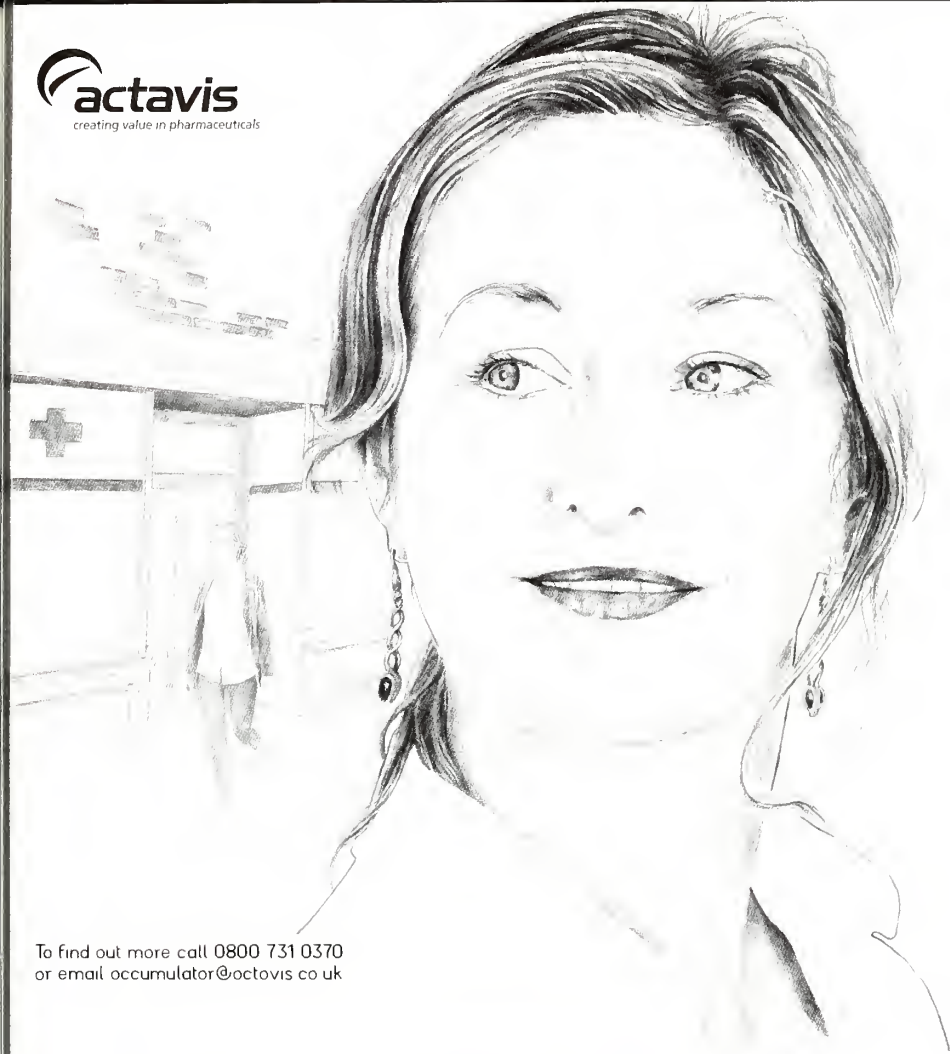
Should we be looking to cut costs? Show me a business that isn't during a recession! The process of competitive procurement that we engage in every day is only likely to suffer as a result of dispensing hubs – less focus on shopping around to get the best prices could lead to less competition and therefore higher generics prices for taxpayers, especially when large wholesalers are positioning themselves for this opportunity.

Community pharmacy is tremendous value for money for the taxpayer – the NHS could learn a lot from the way that we work.

Mike Hewitson is owner of Beaminster Pharmacy in Dorset



"WHAT FRUSTRATES ME IS THE HYPOCRITICAL DECISION-MAKING WHEN IT COMES TO PHARMACY"



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Offering advice on gastrointestinal upset

Most people experience gastrointestinal upset at some time in their lives. Common complaints include indigestion, heartburn, nausea and diarrhoea. Symptoms may result from overindulging in food, alcohol, smoking or eating food that is too spicy or fatty. Infection can also result in gastrointestinal symptoms or occasionally more serious underlying problems can be the cause.

Symptoms of indigestion – also known as dyspepsia – can range from mild discomfort in the upper abdomen to pain so severe some people may even think they're having a heart attack. Dyspepsia is often accompanied by other symptoms, for example heartburn, which affects around 40 per cent of people in the UK each year.¹ Heartburn, caused by reflux of stomach contents through the oesophagus, may be accompanied by nausea and vomiting, or a feeling of fullness or being bloated after eating a meal.¹

Dyspepsia results from stomach acid damaging the mucosa of the oesophagus, stomach or duodenum, producing irritation and inflammation.

Being overweight, wearing tight clothes, smoking and stress can all produce symptoms of indigestion.

People over 55 years old whose indigestion keeps coming back, or people who have progressive unintentional weight loss, progressive problems swallowing, persistent vomiting, chronic gastrointestinal bleeding or anaemia, should be referred to their GP.²

Dyspepsia symptoms may be associated with medicines such as calcium antagonists, nitrates, theophyllines, bisphosphonates, corticosteroids and non-steroidal anti-inflammatory drugs.³ Rarely there may be a medical cause, including gastric or duodenal ulcer. Sometimes gallstones or pancreatic disease can be associated with what feels like indigestion and rarely it can occur as a result of oesophageal or stomach cancer.¹

Medical treatment options include

Lifestyle advice to help reduce symptoms of indigestion^{2,3}

- Eat less, especially fatty and spicy foods
- Eat smaller meals and avoid eating close to bedtime (3-4 hours before)
- Drink less alcohol and caffeine
- Stop smoking
- Reduce stress
- Wear loose clothing
- Take regular exercise
- Lose weight
- If heartburn is a problem at night then sleeping with the upper part of the body propped up with extra pillows may help

antacids, alginates, histamine H₂ receptor antagonists and proton pump inhibitors.⁴

Diarrhoea

Diarrhoea is defined as passing watery stools more than three times a day and often results from an infection or long term condition, for example, ulcerative colitis, Crohn's disease, irritable bowel syndrome (IBS), lactose intolerance, coeliac disease, diabetes, and pancreatitis.⁵

Symptoms vary, with people complaining of a range of symptoms, from slightly watery stools and perhaps a stomach upset to very watery stools and cramping stomach pains. They may also have nausea and vomiting, or complain of fever, headache or loss of appetite.

The watery stools seen in diarrhoea are

the result of fluid not being absorbed in the bowel or when additional fluid is secreted into the bowel.

Acute diarrhoea occurs suddenly, lasting for 5-10 days, while chronic diarrhoea lasts more than two weeks and may be caused by something else such as irritable bowel or Crohn's disease. People with chronic diarrhoea should always be advised to see their GP.⁵

Children aged three months to a year with diarrhoea for longer than 48 hours should be referred to their GP. Adults and children should also be referred to their GP if they have: dehydration; blood in the stools; been vomiting for more than a day; diarrhoea that does not resolve after five days, or an infection caught abroad.⁵

Most commonly, diarrhoea is a symptom of gastroenteritis, which can be caused by viral infection, food poisoning, infection by an organism such as *Escherichia coli* or from contaminated food or water (also known as traveller's diarrhoea if contracted abroad). Diarrhoea can also result from emotional upset or anxiety, or from drinking too much



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- Formulated to relieve five of the most common and distressing symptoms of gastrointestinal disorders
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- Contains bismuth subsalicylate (liquid 526mg per 30ml / 525mg per 2 tablet dose)

Pepto-Bismol liquid has a 30-year heritage in the UK as a Pharmacy medicine and in 2005 tablets were introduced as an alternative format. The medicine forms a protective layer over the mucosa of the gastrointestinal tract, protecting it from irritation and the damage caused by stomach acid.

Fast and effective

- Reduces the duration of diarrhoea and the number of loose stools 4-24 hours after treatment compared to placebo⁷
- Promotes absorption of fluid and electrolytes into the gastrointestinal tract, firming up stools and reducing cramps
- Inhibits prostaglandin synthesis thus reducing inflammation and hypermotility
- Binds toxins produced by *Escherichia coli*
- Bismuth subsalicylate and its reaction products – bismuth oxychloride and bismuth hydroxide – are thought to have bactericidal action⁸

Support demand

Demand for Pepto-Bismol peaks in the run up to Christmas in line with the increase in festive overeating and drinking. Manufacturer Procter & Gamble will be promoting the brand across this key selling period, so capitalise on the educational campaigns and point-of-sale materials that are available from Ceuta representatives, with sound OTC advice and product recommendation.

Pepto-Bismol Oral Suspension Legal category: P. Pink suspension containing bismuth salicylate 87.6mg in 5ml demulcent base. For fast relief of heartburn, upset stomach, indigestion and nausea. Helps control common diarrhoea. **Adults and children over 16 years:** 30ml. Repeat every 30-60 minutes if needed, up to eight doses in 24 hours. Shake the bottle well. **Caution:** Not recommended for children under 16 years due to an association between salicylates and Reyes Syndrome. If taking medicines for anticoagulation, diabetes or gout, or if you are pregnant, consult a doctor before taking. Do not take with aspirin. May cause a temporary harmless darkening of the stool and/or tongue. **PL Holder:** Procter & Gamble (Health & Beauty Care) Ltd, The Heights, Brooklands, Weybridge, Surrey KT13 0XP. PL 00129/0358. 120ml £2.99 240ml £4.49 480ml £7.49

Pepto-Bismol Chewable Tablets Legal category: P. Peppermint flavoured tablets containing bismuth subsalicylate. For fast relief of heartburn, upset stomach, indigestion and nausea. Helps control common diarrhoea. **Adults and children over 16 years:** Two tablets every 30-60 minutes up to a maximum of 16 per day. **Caution:** Not recommended for children under 16 years due to an association between salicylates and Reyes Syndrome. If taking medicines for anticoagulation, diabetes or gout, or if you are pregnant, consult a doctor before taking. Do not take with aspirin. May cause a temporary harmless darkening of the stool and/or tongue. **PL Holder:** Procter & Gamble (Health & Beauty Care) Ltd, The Heights, Brooklands, Weybridge, Surrey KT13 0XP. PL 00129/0143. 12 £3.49 24 £5.99

alcohol or coffee. Or it can be caused by food intolerance.⁶ Diarrhoea can occur as a side effect of some medicines, including magnesium-containing antacids, antibiotics, iron preparations, laxatives and NSAIDs.⁴

It is important to drink plenty of fluids to avoid becoming dehydrated. And people with diarrhoea can eat as soon as they feel able, starting with foods high in carbohydrates such as bread, pasta, rice or potatoes.⁵

Medical treatment options include oral rehydration preparations, ant motility drugs, adsorbents and bulk-forming agents.⁴

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Pepto-Bismol

Ceuta Healthcare
Tel: 01202 780 558

LPC Conference: key concerns

As LPCs gathered for their annual conference in London, service troubles and finance were among the hot topics raised. **Chris Chapman** and **Hannah Flynn** report

The decommissioning of pharmacy services was high on the agenda at this year's LPC Conference, with both PSNC's chief executive and chair slamming the practice.

Chief executive Sue Sharpe said some decisions by PCTs were "staggeringly irrational", and she warned there was a "real risk of chaos and threat ahead" as budgets tighten and the NHS moves to deliver the government's new vision of healthcare.

Mrs Sharpe said the current economic squeeze had meant service delivery through pharmacies was "going backwards", resulting in the "lamentable treatment of pharmacy". She said: "Service decommissioning is widespread. Some is staggeringly irrational. Cutting minor ailment services that will shift much of the demand to A&E, walk-in centres or GPs is an inexcusable waste of scarce NHS resources."

Speaking later at the committee's LPC dinner, chairman Christopher Hodges also condemned the

decommissioning of pharmacy services and he called for more to be enshrined in the national contract.

Mr Hodges said the moves to end services were "misguided" and showed "an appreciation of the price of everything and the value of nothing".

"Sadly, across the country, in misguided attempts to save money, many pharmacy services are being decommissioned. Let us be clear: it won't save money," he said.

Mr Hodges said pharmacy services could make a huge difference to public health because they "empowered patients rather than trying to do the leg-work for them".

Sue Sharpe, right, told delegates that if the any willing provider model is effective, "the potential prize is huge"

And Mr Hodges called for the national contract to protect key pharmacy services. He said: "We need to acknowledge pharmacy's clear ability to empower communities across Britain – and where services have undeniable value to all areas, we need to

enshrine them in a national contract."

Mrs Sharpe's predictions did offer a silver lining for the sector though. She said although times were tough, pharmacy would have opportunities in the crossover period as GPs took over responsibility for commissioning NHS services.

"I forecast that the NHS will need us, once more, to step in and help sort the problems... in the period of transition we may have opportunities... to set the foundations for how community pharmacy services fit in the future delivery systems," she added.

Mrs Sharpe said that if the any willing provider commissioning model was effectively implemented, "the potential prize is huge". She added: "If the public health budgets are to be effectively ring-fenced, pharmacy can bid for a significant amount of them."

But Mrs Sharpe warned that pharmacists would need to assure delivery, quality and outcomes and compete with other providers in order to realise these benefits.



Holden: unite for 'step change'

The future NPA chief executive has warned pharmacy bodies will need to unite to make sure there are "no gaps" in services for pharmacists as the profession's overhaul continues.

Speaking exclusively to C+D at the LPC Conference, Mike Holden, who will take the helm at the NPA in early 2011, said change was set to accelerate, and pharmacy bodies would need to work together.

He said: "We need to listen to the needs of our members – needs, not wants... we need to work closely as organisations going forward to make sure there are no gaps. The change is going to be a step change, not a marginal one – we're not tinkering around the edges anymore."

Mr Holden said his overall challenge for the NPA was to create a sustainable business and he warned contractors that cash flow for the sector would be challenging after Christmas. **CC**

PCT pharmacists will compete against community sector

Community pharmacists will face competition from former PCT pharmacists working in groups to bid for GP services, the LPC conference was warned.

In a motion urging the government and PSNC to create a new contract rewarding pharmacy-based services, North East London LPC chair Shiv Bagga said the sector could see intense competition from other pharmacists as the 'any willing provider' commissioning model is embraced.

He said: "PCTs will be abolished, and around 1,000 pharmacists will

be without jobs – and they will want roles.

"The government is making it easy for them to form co-operatives, offering services to GP practices and competing with community pharmacy."

Mr Bagga added: "The new role for pharmacists could be surgery-based... we could see a separation of pharmacy products and the financially rewarding advice and monitoring."

The North East London LPC motion was defeated by seven votes (see page 17).

Branded generics plan gives hope

Pharmacists have been offered a glimmer of hope over branded generics after PSNC revealed a solution to the problem had been touted to health chiefs.

The revelation followed four resolutions from LPCs protesting against local prescribing policies on branded generics, which were hitting profits and forcing contractors to dispense at a loss, they said.

PSNC head of finance Mike Dent said the issue was an "incredibly difficult problem to solve". However, he said PSNC was in discussions with the Department of Health and there was "a runner, a goer, on the table that we are hoping to pin down shortly".

Speaking exclusively to C+D, Mr Dent said he was unable to give further details of the potential remedy, but he indicated that there had been movement with the DH on the topic. **CC**

Making resolutions

At this year's LPC Conference, committees raised everything from unsustainable workloads to levels of MUR funding. **Hannah Flynn** gives a round-up of the motions heard on the day

LPCs reject calls for new contract

LPC: North East London

Immediate steps should be taken to ensure pharmacy is developed as a centre for health services and PSNC should put a new contract in place no later than April 2012, which rewards pharmacy for the quality of outcomes of pharmacy-based services.

Graham Phillips of Hertfordshire

LPC: "How radical are we prepared to be? Are we willing to get rid of supply and get money based on a QOF-like system?"

PSNC head of NHS services

Alastair Buxton: "The aim is to build on what is already good in what we have done already. We don't want to throw the baby out with the bath water."

Defeated by seven votes

Targeted MURs stir up finance debate

LPC: Hertfordshire

Specific MURs should be developed and outcome data should be collected on a national scale.

Opposition: "Contractors are allowed to do 400 MURs, however if they are targeted there should be the opportunity to do more – for example, 10 per cent more in a targeted area."

PSNC head of NHS services

Alastair Buxton: "Targeted MURs are proposed and have been proposed in the NHS white paper."

Carried

Commissioning safeguards backed

LPC: Lambeth, Southwark & Lewisham

PSNC should ensure the new service commissioning arrangements outlined in the white paper are separated from provision and safeguards are built in.

Matthew Leedam of East

Lancashire LPC: "If we get on these [commissioning] boards then we will be a leader and that may lead to conflicts of interest."

Carried

National MDS support needed

LPCs: Northamptonshire & South Staffordshire

There should be a national service to allow pharmacists to dispense weekly medication into a monitored dosage system container for any patient who would not qualify for MDS under the Disability Discrimination Act (DDA), but who would benefit from it.

Cathy Jones of Swindon & Wiltshire LPC:

"Our focus should be on people in domiciliary care."

Proposer Stephen Bullock: "We need better support for pharmacists providing MDS for patients who are assessed as needing MDS but don't have a DDA."

PSNC head of NHS services

Alastair Buxton: "People who fall in between the boundaries have been an ongoing problem. [However,] an MUR without clinical records [access] would not give you the information you need to decide the patient needs an MDS."

Carried

LPC videos: contractors air their views, plus meet the new NPA CEO
www.chemistanddruggist.co.uk

Motions carried

Workload and bureaucracy

Ealing, Hammersmith & Hounslow LPC

The Information Governance requirements place too large a burden on community pharmacy without adding to existing patient safety.

Hertfordshire LPC

The level of bureaucracy facing pharmacists is unsustainable and causing unnecessary pressure, and PSNC must act on this.

Bullying contractors

Kingston, Richmond & Twickenham LPC

A safeguard procedure should be put in place to prevent PCTs misusing the PNAs and potentially bullying contractors.

No confidence in payments

Hampshire & Isle of Wight LPC

The conference has no confidence in the prescription services section of the NHS Business Services Authority and the Capacity Improvement Programme has failed to deliver any improvements in the accuracy of pricing prescriptions.

Contract and finance

Bedfordshire LPC

There should be recognition that a funding system that requires the dispensing of branded generics at a loss is manifestly unfair to individual contractors.

Cambridgeshire & Peterborough LPC

PSNC should insist the Department of Health ensures that all contractors receive fair share remuneration.

How PSNC responded to motions

by Surrey LPC

PSNC should increase transparency and improve its level of communication with members.

PSNC chief executive Sue

Sharpe's response: "The DH often force a confidentiality agreement on us and do this to dentists and GPs as well. We do attach priority to good communication and put a lot of information on the website."

by Dorset LPC

An enhanced services innovation fund should be set up from money saved through the efficient purchasing of medicines above the £500 million cap.

PSNC head of finance Mike Dent's

response: "PSNC supports the intention of this proposal. [But] you must remember that the

government is using category M all along the supply chain."

by Wirral LPC

PSNC needs to ensure levels of remuneration and fees will be protected as PCTs are abolished.

PSNC head of finance Mike Dent's

response: "The cost of service inquiry will be used to decide the total level of funding."

by Wirral LPC

PSNC should negotiate with the DH a national template for each enhanced service to ensure uniform standards for commissioned services across the country.

PSNC head of NHS services

Alastair Buxton's response: "We support this motion. We have the opportunity to say to them we want to standardise some of our services."

by North East London

LPC and Kingston, Richmond & Twickenham LPC

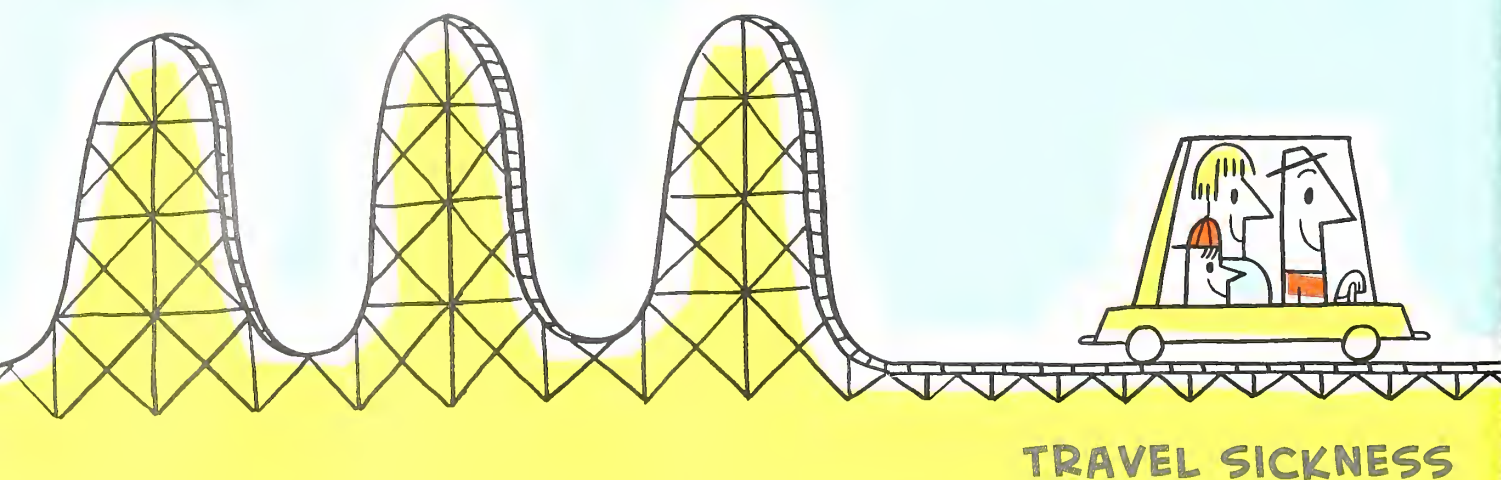
PSNC and the DH should ensure members of the public eligible to receive treatment on the NHS for minor ailments can receive the service at all pharmacies in the UK.

PSNC chief executive Sue

Sharpe's response: "We are fully behind this. The figure of £57m savings [cited by the LPC] from minor ailments is from a survey we did with the PAGB and it is about time we recirculated it."



INSOMNIA RASHES ALLERGIES



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Contains promethazine hydrochloride.

Phenergan (Promethazine hydrochloride) Prescribing Information

Presentation: Phenergan 10 mg Tablets containing 10mg promethazine hydrochloride; Phenergan 25 mg Tablets containing 25mg promethazine hydrochloride; Phenergan Elixir, containing 5mg/5ml promethazine hydrochloride. **Indications:** As symptomatic treatment for allergic conditions of the upper respiratory tract and skin including allergic rhinitis, urticaria and anaphylactic reactions to drugs and foreign proteins. As an adjunct in pre-operative sedation in surgery and obstetrics. As an antiemetic. For the short term use for sedation and treatment of insomnia in adults and for the short term use as a paediatric sedative. **Dosage and Administration: Anti-histamine in allergy:** Children 2-5 years: Elixir only at a dose of either 5-15mg as a single dose or 5mg bd. Maximum daily dose 15mg. Children 5-10 years: 10mg tablets: Either 10 or 20mg as a single dose. Or 10mg bd. Max. daily dose 20mg. 25mg tablets: 25mg as a single dose. Max daily dose 25 mg. Elixir: Either 10-25mg as a single dose or 5-10mg bd. Max daily dose 25mg. Children over 10 years and adults (including elderly): 10mg tablets: Initially 10mg bd, increasing to a max of 20mg tds as required. 25mg tablets: 25mg as a single dose, increasing to a max of 25mg bd as required. Elixir: Initially 10mg bd, increasing to a maximum of 20mg tds as required. **Anti-emetic:** Children 2-5 years: Elixir only 5 mg night before journey. To be repeated after 6-8 hours as required. Children 5-10 years: 10mg tablets: 10mg night before journey. To be repeated after 6-8 hours as required. 25mg tablets: Elixir or 10mg tablets recommended. Elixir: 10mg night before journey. To be repeated after 6-8 hours as required. Children over 10 years and adults (including elderly): 10mg tablets: 20mg night before journey. To be repeated after 6-8 hours as required. 25mg tablets: 25mg night before journey. To be repeated after 6-8 hours as required. Elixir: 25mg night before journey. To be repeated after 6-8 hours as required. **Short term sedation:** Children 2-5 years: Elixir only 15 or 20mg as a single night time dose. Children 5-10 years: 10mg tablets: 20mg as a single night time dose. 25mg tablets: 25mg as a single night time dose. Elixir: 20 or 25mg as a single night time dose. Children over 10 years and adults (including elderly): 10mg tablets: 20 to 50mg single night time dose. 25mg tablets: 25 or 50mg single night time dose. Elixir: 25 or 50mg single night time dose. Use of Phenergan tablets to provide these doses is recommended. **Contraindications:** In patients in coma or suffering from CNS depression of any cause. In patients with a known hypersensitivity to promethazine or to any of the excipients. In children less than two years of age because of the potential for fatal respiratory depression. Avoid in patients taking monoamine oxidase inhibitors up to 14 days previously. Phenergan Elixir contains hydrogenated glucose syrup and is not suitable for diabetics. **Precautions and Warnings:** Phenergan may thicken or dry lung secretions and impair expectoration. Therefore use caution in patients with asthma, bronchitis or bronchiectasis. Use with care in patients with severe coronary artery disease, narrow angle glaucoma, epilepsy or hepatic and renal insufficiency. Caution should be exercised in patients with bladder neck or pyloro-duodenal obstruction. Use of promethazine should be avoided in children and adolescents with signs and symptoms suggestive of Reye's Syndrome. Promethazine may mask the warning signs of ototoxicity caused by ototoxic drugs e.g. salicylates. It may also delay the early diagnosis of intestinal obstruction or raised intracranial pressure through the suppression of vomiting. Phenergan should not be used for longer than 7 days without seeking medical advice. **Tablets only:** Patients with rare hereditary problems of galactose intolerance, Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine. **Elixir only:** Patients with rare hereditary problems of fructose intolerance should not take this medicine. **Interactions:** Will enhance the action of any anticholinergic agent, tricyclic antidepressant, sedative or hypnotic. Alcohol should be avoided during treatment. It may interfere with immunological urine pregnancy tests to produce false-positive or false-negative results. Discontinue at least 72 hours before the start of skin tests as it may inhibit the cutaneous histamine response thus producing false-negative results. **Pregnancy and Lactation:** Should not be used in pregnancy unless the physician considers it essential. Not recommended in the 2 weeks prior to delivery in view of the risk of irritability and excitement in the neonate. Amount excreted in milk is insignificant. However, there are risks of neonatal irritability and excitement. **Effects on ability to drive and use machines:** Patients should be advised that if they feel drowsy they should not drive or operate heavy machinery. **Adverse Reactions:** Drowsiness, dizziness, restlessness, headaches, nightmares, tiredness, and disorientation. Occasionally anticholinergic side effects such as blurred vision, dry mouth and urinary retention. Infants are susceptible to the anticholinergic effects of promethazine, while other children may display paradoxical hyperexcitability. Elderly are particularly susceptible to the anticholinergic effects and confusion due to promethazine. Other side effects include urticaria, rash, pruritus, anorexia, gastric irritation, palpitations, hypotension, arrhythmias, extrapyramidal effects, muscle spasms and tic-like movements of the head and face. Anaphylaxis, jaundice and blood dyscrasias including haemolytic anaemia occur rarely. Photosensitive skin reactions have been reported. Strong sunlight should be avoided during treatment. **Elixir only:** preservatives have been reported to cause hypersensitivity reactions, characterised by circulatory collapse with CNS depression in certain susceptible individuals with allergic tendencies. **Recommended Selling Price:** 10mg tablets: 56 tablets £4.79. 25mg tablets: 56 tablets £7.29. Elixir: 100ml bottle £4.49. **Legal Category:** P. **Marketing Authorisation Numbers:** 10mg tablets PL 04425/0631. 25mg tablets: PL 04425/0281. Elixir: PL 04425/0630. **Further information is available from the Marketing Authorisation Holder:** sanofi-aventis, One Onslow Street, Guildford, Surrey, GU1 4YS, UK. Tel: 01483 505515. **Date of preparation at Pt:** August 2010. **PfP Code:** Phenergan Tabs 10mg: 021-6671. Phenergan Tabs 25mg: 021-6697. Phenergan Elixir: 049-4203.

Adverse events should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk. Adverse events should also be reported to the sanofi-aventis drug safety department on 01483 505515.

This series aims to help you make the right decisions when confronted by an ethical dilemma. Every month we present a scenario likely to arise in a community pharmacy and ask a practising pharmacist and/or a member of the Pharmacy Law and Ethics Association (PLEA) to comment on the legal and ethical implications of the actions open to you.

The disclosure of sensitive information



he fundamental ethical principle at issue here is confidentiality and disclosure of what might be sensitive information.

Disclosure is always heavily dependent on context. Suppose a pre-registration pharmacy student had asked you "what is this drug and what is it for?" – you would have no problem responding to this query. Such information is anyway easily available to a reasonably competent user of the internet, so you may feel you have no business to be circumspect about disclosure in this case either.

However, you now have context – and once you have it, you cannot disregard it. The surrounding information suggests that you now have a professional duty of care to several parties.

Because the actual supply of emergency hormonal contraception was made from another pharmacy, you may argue that the daughter is not 'your patient' and you have no clear duty of care towards her.

However, she is a client receiving pharmacy services and you carry

"You now have context and once you have it, you cannot disregard it"

the reputation of the pharmacy profession.

Moreover, you have invited the father into your consulting room and he is asking for your advice; you now have a professional duty of care towards him. You also have a duty to the fellow pharmacist who made the supply. Would your action in this case compromise his or her position?

Having identified these ethical issues, whose interests would you consider most important?

Under the Fraser guidelines, a girl may be considered "Gillick competent" at 14 years of age. The daughter also clearly has an expectation of privacy, having already refused to tell her father why she has taken the drug. You might

consider that by now the father probably has a good idea of what the drug is for – so your job is to assist him in deciding what to do with this information.

Conversely, you might judge it better to direct the father to the supplying pharmacy and indeed to his daughter for a proper exploration of the situation. Could you be liable for the consequences that arise from your decision?

Joy Wingfield is special professor of pharmacy law and ethics at the University of Nottingham

Principally, the pharmacist's duty of confidentiality here arises out of the common law duty of confidentiality, human rights legislation and out of the professional ethic codes of the General Pharmaceutical Council and the NHS Code. A patient has a right to respect for private and family life: this right is universal and exists despite a patient's age, but may be overridden where it is in a patient's best interests to do so.

The right to family life also

provides for a parent's right to information about their child enabling them to carry out their parental responsibility. As the law stands, however, failing to inform a parent may be justified where another's rights are jeopardised.

Under the law, the best interests of the child should be the pharmacist's primary consideration. In the case of Gillick, it was held that a doctor (or other professional) may prescribe contraceptive treatment to a child without informing the parents where they are satisfied that the child understands the advice; they could not persuade the child to tell their parents; the child is likely to have sexual intercourse with or without contraceptive treatment; the child's physical or mental health may suffer without such treatment; and their best interests require such treatment be offered without the knowledge of their parents. These are known as the Fraser Guidelines. A 14-year-old child may fit this criteria.

The pharmacist should explain the Fraser Guidelines arising from the

“Under the law, the best interests of the child should be the pharmacist's primary consideration”

Gillick case (without reference to the contraceptive element) and suggest the father tries to understand the legal and professional duties owed by pharmacists to certain minor patients. Failure to respect the duty of confidentiality could lead to professional sanction, breach of the NHS contract and, in extreme cases, potential action under human rights legislation.

Hilary D'Cruz is a partner at Ansons LLP, specialists in pharmacy



CPD Reflect • Plan • Act • Evaluate

PLEA is an association of pharmacists interested in law and ethics, and lawyers or ethicists specialising in pharmacy, with the aim of promoting understanding of the ethical basis for professional judgement
www.wingfieldworks.co.uk/plea/index.html



Calpol Sugar Free Infant Suspension Product Information:

Presentation: Suspension containing 120mg Paracetamol per 5ml. **Uses:** Treatment of mild to moderate pain and as an antipyretic. Can be used in many conditions including headache, toothache, earache, teething, sore throat, colds and influenza, aches and pains and post immunisation fever. **Dosage:** *Children 1 to under 6 years:* 5–10ml. Repeat dose every 4 hours if necessary, up to a maximum of 4 doses in 24 hours. *Children 3 months to under 1 year:* 2.5 – 5ml. Repeat dose every 4 hours if necessary, up to a maximum of 4 doses in 24 hours. *Infants 2-3 months:* Post –vaccination fever at 2 months: 2.5ml, and a second dose, if necessary, after 4-6 hours. The same two doses can be given for the treatment of mild to moderate pain and as an antipyretic in infants weighing over 4kg and not born before 37 weeks. **Contraindications:** Hypersensitivity to paracetamol or other ingredients. **Precautions:** Caution in severe hepatic or renal impairment. Interactions with domperidone, metoclopramide, colestyramine, anticoagulants, alcohol, anticonvulsants and oral contraceptives. Patients with rare hereditary problems of fructose intolerance should not take this medicine. Maltitol may have a mild laxative effect. Parahydroxybenzoates and carmoisine may cause allergic reactions. **Pregnancy and lactation:** Consult doctor before use. **Side effects:** Very rarely hypersensitivity and anaphylactic reactions including skin rash. Blood dyscrasias, chronic hepatic necrosis and papillary necrosis have been reported. **RRP (ex-VAT):** 100ml bottle: £2.48; 200ml bottle: £4.16; 12 x 5ml sachets: £2.74; 20 x 5ml sachets (sugar free only): £4.41. **Legal category:** 200ml bottle: P; 100ml bottle: GSL; Sachets: GSL. **PL holder:** McNeil Products Ltd, Maidenhead, Berkshire, SL6 3UG. **PL numbers:** 100ml bottle: 15513/0123; 200ml bottle: 15513/0006; Sachets: 15513/0155 **Date of preparation:** July 2010

Calprofen 100mg/5ml Oral Suspension Ibuprofen, Calprofen 100mg/5ml Ibuprofen Suspension and Calprofen Ibuprofen Suspension Product Information:

Presentation: Sachets and suspension containing 100mg Ibuprofen per 5ml. **Uses:** Treatment of mild to moderate pain, headache, fever, post-immunisation pyrexia, symptoms of colds and flu and minor aches and pains. **Dosage:** For Pain and Fever: *Infants 3-6 months, weighing over 5kg:* One 2.5 ml dose may be taken 3 times in 24 hours; *Infants 6-12 months:* 2.5ml three times a day; *Children 1-2 years:* 2.5ml three to four times a day; *Children 3-7 years:* 5ml three to four times a day; *Children 8-12 years:* 10ml three to four times a day. Post-immunisation fever: 2.5ml (50mg) followed by one further 2.5ml (50mg) dose six hours later if necessary. No more than 2 doses in 24 hours. **Contraindications:** Hypersensitivity to ingredients, or to aspirin or other NSAIDs. Peptic ulceration, perforation or GI bleeding. Concomitant use with NSAIDs. Severe hepatic, renal or heart failure. Women in the last trimester of pregnancy. **Precautions:** The elderly; women trying to conceive; history of GI toxicity; concomitant medications increasing the risk of GI toxicity; hepatic or renal dysfunction; bronchial asthma or allergic disease; hypertension or heart failure; SLE and mixed connective tissue disease. Not to be used in combination with anticoagulants, antihypertensives and diuretics, corticosteroids, anti-platelet agents, cardiac glycosides, lithium, methotrexate, ciclosporin, mifepristone, tacrolimus, zidovudine, and quinolone antibiotics. **Pregnancy and lactation:** Not recommended. **Side effects:** Hypersensitivity, skin reactions, GI disturbances, oedema, hypertension, cardiac failure, exacerbation of asthma and bronchospasm, headache, haematological disorders. Rarely: hepatic dysfunction, peptic ulcer, perforation or gastrointestinal haemorrhage, acute renal failure, papillary necrosis, exacerbation of ulcerative colitis and Crohn's disease and symptoms of aseptic meningitis. **Price (ex-VAT):** Sachets: 12 x 5ml: £3.15 Bottle 200ml: £4.40; 100ml: £2.91. **Legal category:** Sachets: GSL. 200ml bottle: P. 100ml bottle: GSL. **PL holder:** McNeil Products Ltd, Maidenhead, Berkshire, SL6 3UG. **PL numbers:** Sachets: 15513/0158, 200ml bottle: 15513/0120, 100ml bottle: 15513/0147. **Date of preparation:** July 2009.

Calpol Six Plus Suspension, Calpol Six Plus Sugar Free Suspension and Calpol Six Plus Suspension Sugar Free Product Information:

Presentation: Suspension containing 250mg paracetamol per 5ml. **Uses:** Treatment of mild to moderate pain and as an antipyretic. It can be used in many conditions including headache, toothache, earache, sore throat, colds and influenza, aches and pains and post-immunisation fever. **Dosage:** *Adults and Children over 12 years:* 10-20ml; *Children 6-12 years:* 5-10ml; *Under 6 years:* not recommended. Repeat dose every 4 hours if necessary, up to a maximum of 4 doses in 24 hours. **Contraindications:** Hypersensitivity to paracetamol or other ingredients. **Precautions:** Caution in severe hepatic or renal impairment. Interaction with domperidone, metoclopramide, colestyramine, anticoagulants, alcohol, anticonvulsants and oral contraceptives. Sorbitol may have a mild laxative effect (Six Plus Suspension), sorbitol and maltitol may have a mild laxative effect (sugar free). **Pregnancy and lactation:** Consult doctor before use. **Side effects:** Very rarely hypersensitivity and anaphylactic reactions including skin rash. Blood dyscrasias, chronic hepatic necrosis and papillary necrosis have been reported. **RRP (ex-VAT):** Six Plus Suspension 200ml bottle, £4.81; Six Plus Sugar Free Suspension, 100ml bottle, £2.99, 200ml bottle, £4.81, 12 x 5ml sachets, £3.32; Six Plus Suspension Sugar Free, 80 ml bottle £2.54. **Legal category:** Six Plus Suspension 200ml bottle: P; Six Plus Sugar Free Suspension 100ml and 200ml bottle: P; Sachets: GSL and Six Plus Suspension Sugar Free 80 ml bottle: GSL. **PL holder:** McNeil Products Ltd, Maidenhead, Berkshire, SL6 3UG. **PL numbers:** Six Plus Suspension: 15513/0002; Six Plus Sugar Free Suspension 100 ml and 200 ml bottles & sachets: 15513/0003, Six Plus Suspension Sugar Free 80 ml bottle 15513/0164. **Date of preparation:** October 2009

CalCold Six Plus Product Information:

Presentation: Strawberry flavour solution containing 120mg Paracetamol and 12.5mg Diphenhydramine hydrochloride per 5ml. **Uses:** Treatment of mild to moderate pain in children 6-12 years, including teething pain, headache, sore throat, aches and pains for the symptomatic relief of influenza, feverishness, feverish colds and associated symptoms of runny nose and sneezing. **Dosage:** 6 - 12 years: 10ml - 20ml three times daily. **Contraindications:** Use in children under 6 years; hypersensitivity; with or within two weeks of receiving MAOIs; large doses of anti-histamines may precipitate seizures in epileptics. **Precautions:** Not more than 3 doses should be taken in 24 hours. Not to be used for more than 3 days without the advice of a doctor. Caution in hepatic or moderate to severe renal dysfunction, urinary retention, angle-closure glaucoma or symptomatic prostatic hypertrophy; avoid use with alcohol or other sedating medicines; fructose intolerance; may cause drowsiness; interaction with domperidone, metoclopramide, colestyramine, anticoagulants, anticonvulsants and oral contraceptives; may have an additive muscarinic action; may potentiate effect of alcohol, and other CNS depressants. See SPC for further details. **Pregnancy and lactation:** Consult doctor before use. **Side effects:** Hypersensitivity including skin rash; blood dyscrasias; drowsiness, paradoxical stimulation, headache, psychomotor impairment, gastrointestinal disturbance, dry mouth, urinary retention, blurred vision, thickened respiratory tract secretions. Rarely hypotension; palpitations, tremor, convulsions. Chronic hepatic necrosis and papillary necrosis have been reported. See SPC for further details. **RRP (ex-VAT):** 100ml: £2.98. **Legal category:** P. **PL holder:** McNeil Products Ltd, Foundation Park, Maidenhead, Berks, SL6 3UG. **PL no:** 15513/0145. **Date of prep:** September 2009



ID: 06302



A comfortable place for children with colds and flu.

Winter is nearing and so is the cold & flu season. As a pharmacy professional, you play an important role in helping young customers combat the effects of colds and flu. By recommending the appropriate remedy to their anxious parent, you can help them overcome

the symptoms associated with these seasonal ills. The Calpol Kids' Zone encompasses a comprehensive range of products tackling a variety of symptoms. Trust the Calpol Kids' Zone to help you see children through the cold and flu season with a minimum of discomfort.



Saline Nasal Spray

Unblocks nose
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SUITABLE FROM BIRTH

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2+ months

- The only pain & fever relief medicine for colds & flu for babies 2+ months (weighing over 4 kg and not premature)



3+ months

- Relieves cold & flu symptoms rapidly in babies 3+ months
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6+ years

- Relieves pain, fever and other symptoms associated with colds & flu in children 6+ years
- Available as Fastmelts that simply melt in the mouth



6+ years

- Effective relief from colds, flu and nasal symptoms for children 6+ years
- Tackles runny noses, sneezing, fevers, sore throats, aches & pains and eases breathing

Update

Your weekly CPD revision guide

00 second
summary

Why read this article?

This article looks at the treatment of hypo- and hyperthyroidism, the public health issue raised by low dietary iodine and common questions patients may have.

How does the starting
dose of levothyroxine
change?

Younger people can usually be initiated on a standard starting dose, although a lower starting dose should be used for older patients and those with a history of ischaemic heart disease.

What are risk factors for
thyroid eye disease (TED)?

Patients with hyperthyroidism are known to be at much greater risk of TED if they smoke cigarettes.

What additional
treatments may patients
with hyperthyroidism be
prescribed?

Patients with adrenergic symptoms may be offered a beta-blocker, or possibly lithium or an alpha-2 agonist. Lithium is sometimes used as a second-line treatment in patients with severe hyperthyroidism.

CPD Update is emailed to you each week, with links to CPD materials and a handy checklist to help you register.

A guide to thyroid disease: part 2

Treatment of hypo- and hyperthyroidism, and the questions patients may ask

Gavin Atkin

Last week's Update explained how the thyroid works and how it can go wrong. This week we look at the treatment approaches used in common clinical situations, and at the public health issue of low dietary iodine levels.

Hypothyroidism

Subclinical hypothyroidism is defined as a high thyroid stimulating hormone (TSH) level while thyroxine (T4) is normal and the patient has no symptoms of an underactive thyroid.

Patients with TSH lower than 10mU/L should be tested for thyroid antibodies. If found, these indicate autoimmune disease affecting the thyroid and the patient's triiodothyronine (T3) and T4 levels should be measured annually.

Patients with a TSH lower than 10mU/L do not routinely receive treatment with levothyroxine, although it may be considered if the patient has a goitre or their TSH level is increasing.

In patients with TSH confirmed as being more than 10mU/L, some specialists recommend levothyroxine treatment.¹ The established treatment for patients with overt hypothyroidism is levothyroxine, with the aim of getting their TSH levels down to a target range. This may vary depending on the guidelines used.

Younger people can usually be initiated on a standard starting dose (50-100mcg once daily, adjusted in steps of 25-50mcg every three to four weeks), although a lower starting dose should be used for older patients and those with a history of ischaemic heart disease. The dose is then titrated upwards until the patient has reached normal thyroid hormone levels.

Care should be taken to avoid increasing thyroxine beyond the level required to render the patient euthyroid, as this increases the risk of osteoporosis.² Hyperthyroidism alone is not considered to be a cause of osteoporosis.

Patients with hypothyroidism taking levothyroxine may become unwell if their dose is reduced after testing shows a low TSH. Some experts in thyroid disease believe that a low TSH in patients on levothyroxine should not be regarded

Thyroid cancer

Although not common, thyroid cancers are the most common endocrine cancers and represent about 1 per cent of all cancers.

There are four types of thyroid cancer: papillary, follicular, medullary and anaplastic. Papillary and follicular cancer are slow growing, and medullary cancer usually has a good outcome if it has not spread beyond the thyroid gland.

Anaplastic thyroid cancer is the least common tumour, but spreads quickly and is difficult to treat.

Thyroid cancer may require different treatments such as surgery, chemotherapy, and radiotherapy.

The new 'inib' cancer growth inhibitors are being trialled in thyroid cancers, and have shown promising results. However, it should be borne in mind that some of the newer cancer drugs can cause thyroid problems.

as an indication to reduce the treatment if the patient is feeling well.

Normally, thyroxine levels rise during pregnancy, and patients with hypothyroidism who become pregnant should have their dosage increased.

Pharmacists should ask women of childbearing age receiving levothyroxine if they are planning to have a baby or are pregnant.

Hyperthyroidism

Subclinical hyperthyroidism is indicated by a low TSH level but normal T3 and T4 and no hyperthyroid symptoms.

Patients with subclinical hyperthyroidism should be followed up with further tests to confirm that they do not have overt hyperthyroidism, and tested regularly to assess if their condition has progressed.³

Patients with overt hyperthyroidism require referral to a specialist, who will consider initiating thionamide treatment using either carbimazole or propylthiouracil.

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These drugs inhibit enzymes involved in the synthesis of the thyroid hormones. Patients with adrenergic symptoms, such as tremor and tachycardia, may be offered a beta-blocker, or possibly diltiazem or an alternative if beta-blockers are inappropriate.

Lithium is sometimes used as a second-line treatment in patients with severe thyrotoxicosis whose condition is not adequately controlled using conventional thionamide treatment.

Patients with hyperthyroidism who have severe symptoms or are systemically unwell should be admitted to hospital.

Patients with a history of hyperthyroidism who complain of irritation in the eyes should be referred to their GP, as patients who have had Graves' disease are at risk of thyroid eye disease (TED). This may arise at any time, whether or not the patient's hyperthyroid symptoms are under control.⁴

Patients who have been diagnosed with TED should be advised to use sunglasses and wear eye protectors to cut down irritation, and raise the head end of the bed to reduce swelling. Patients should be encouraged to use artificial tears to lubricate their eyes if required.

Those who smoke should be offered help to stop, as patients with hyperthyroidism are known to be at much greater risk of TED if they smoke cigarettes.

The aetiology of TED is not well understood, but studies have shown that if a patient stops smoking their eye disease improves, and cigarette smoke is known to contain compounds that stimulate the immune system.

Patients with hyperthyroidism who become pregnant should be referred to their GP, who will in turn refer the patient to a specialist. The aim of therapy during pregnancy will be to maintain the patient's T4 at the upper end of the reference range.

It is worth noting that patients receiving carbimazole may be switched to the alternative propylthiouracil, following reports of malformations in the babies of women taking carbimazole.

Non-expectant patients may also be switched to propylthiouracil because they are sensitive to carbimazole.

Dietary iodine

Worldwide, iodine deficiency is a huge health problem – and internationally it is the most important cause of mental retardation.

In many countries, therefore, iodide is added to table salt as a preventative measure, in line with the recommendations of the International Council for the Control of Iodine Deficiency disorders.

There is no requirement for salt producers to include this component in table salt sold in the UK – and thyroid specialist and endocrinologist professor John Lazarus reports growing evidence of iodine deficiency in the UK.

The British Thyroid Association, he says, has recently completed a set of preliminary surveys of teenage girls, finding that in some areas they are not receiving the recommended 250mcg of iodine per day.

The levels of deficiency are not enough to produce obvious goitres, he says, but in some

people they may be enough to affect nervous system development in pregnancy and in babies.

"There is data from pregnant women in this country that shows that they're not as iodine replete as they should be by recommendation of the WHO," professor Lazarus warns.

"Someone having a baby should consider taking vitamin supplements that contain iodine, because it's clear that the current recommendation of 250mcg of iodine per day is not being met.

"That's not to say that everyone who doesn't have this amount of iodine will produce a child with cretinism – but based on the evidence, it's really about producing a child with an IQ of 115 rather than 110, or 110 rather than 105."

In fact, he says, the British population obtains much of its dietary iodine from milk and that for this reason the iodine levels in our diet rise and fall with the seasons – during the winter cattle are kept indoors and fed iodine-containing cattle cake, which means iodine levels in milk rise.

However, when cattle are turned out in spring and summer they may go to pastures where there is little iodine in the environment – and the result is that iodine levels in dairy products fall.

That said, the answer is not iodine-containing supplements such as kelp. Some patients produce thyroid hormones in quantities that can have disastrous effects if they eat large, uncontrolled doses of iodine-containing substances.

Therefore, even if a patient has an underactive thyroid, they should avoid excess iodine in the diet.

Gavin Atkin is former C+D Clinical & CPD Editor and editor of The Practitioner

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Download a PDF log entry that helps you complete your CPD entry online and successfully complete the 5 minute Test to Win Update article online (p24)

Six common patient myths

Myth: Taking Chinese herbs, selenium, iodine-tyrosine supplements or kelp can be used to jump-start the thyroid.

Fact: Some health foods such as kelp extract, obtained from seaweed, contain a lot of iodine and may induce thyroid overactivity in susceptible individuals.

Myth: Taking additional iodine will increase thyroid hormone. Once the thyroid stops doing its job, taking extra iodine or other substances will help it work better.

Fact: Taking too much iodine can worsen both hypothyroidism and hyperthyroidism.

Myth: People with thyroid disease cannot have soy or soy-based products.

Fact: There is no evidence that people who have hypothyroidism should avoid soy completely.

However, it is best to wait four hours after taking thyroid medication before consuming any products that contain soy, or other products that may impair the body's ability to absorb thyroid medication.

These include high-fibre foods, iron and calcium supplements and antacids containing aluminium or magnesium.

Myth: Patients with thyroid disease should stay away from foods such as broccoli, cabbage, brussels sprouts, cauliflower, kale, spinach, turnips, and mustard greens because they interfere with the thyroid gland.

Fact: Concentrations of anti-thyroid substances in food and drinking water are too low to induce hypothyroidism if the patient consumes sufficient dietary iodine.

Myth: Fluoride in water or toothpaste causes thyroid disease.

Fact: No clear association is now believed to exist between water fluoridation and thyroid disorders.

Myth: Taking four tablespoons of coconut oil daily cures hypothyroidism.

Fact: The story that coconut oil can cure hypothyroidism comes from a book published many years ago.

There is no evidence that coconut oil stimulates thyroid function.

Adapted from: British Thyroid Foundation
http://www.btf-thyroid.org/index.php?option=com_content&view=article&id=160&Itemid=226

NEXT TIME

The first of a two-part series looks at the management of eczema

Thyroid disease: part 2

When should levothyroxine treatment be started in patients with subclinical hypothyroidism? Which treatment for hyperthyroidism is suitable for use in pregnancy? What are the causes of thyroiditis?

This article describes the drug treatment of hypo and hyperthyroidism and includes lifestyle advice for those with Graves' disease. There is also information about the treatment of thyroid disease in pregnancy, thyroid cancer and the importance of dietary iodine.

- Revise your knowledge of the drugs used in the treatment of thyroid disease and their side effects by reading section 6.2 in the BNF.
- Read more about hyperthyroidism management on the Clinical Knowledge Summaries website at <http://tinyurl.com/thyroid05>.
- Find out more about hypothyroidism management from the CKS website at <http://tinyurl.com/thyroid06>.
- Read the MUR tips for thyroid disorders on the C+D website at <http://tinyurl.com/thyroid07>. Think about the advice you could give to patients about thyroid disorders and identify those who could benefit from an MUR.

Are you now confident in your knowledge of the thyroid? Are you now familiar with the treatment of thyroid disease? Could you advise patients about the side effects of their treatment? Are you confident in your knowledge of thyroid disease in pregnancy, thyroiditis, thyroid cancer and the importance of iodine?

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Practical Approach

A question on assisted dying



At the Update Pharmacy, pharmacist David Spencer is handing over to Mr Shanks, an elderly gentleman, a 30ml pack of morphine sulphate oral solution 20mg/ml.

It has been prescribed for the man's wife who is terminally ill with cancer and is being nursed at home.

"Will you tell me something?" the man asks.

"What do you want to know?" David replies.

"How much of this would I need to give to Ruth to put an end to her

misery gently, quickly and painlessly?"

David is taken aback. "Why do you ask a question like that?" he says.

"Because she's begged me to do it and because I can't bear to see her suffering any more. And don't tell me that the medical people can make her comfortable and pain-free. Either they're not trying hard enough or it's just not possible."

"I'm afraid I can't give you the information you asked for," David says.

"Why not? I'm sure that if you saw your wife suffering like mine you'd want to do the same."

David replies: "Think of the consequences, Mr Shanks. You would potentially be committing murder and I could be involved as an accessory if anyone found out that I'd helped you by telling you how much would be a lethal dose."

"Well, don't put yourself at any risk," replies Mr Shanks bitterly. "Just give me the bottle. I'm pretty sure that all of it will be enough to do the job."

Questions

1. What are the issues David has to consider in this situation?
2. What can David do?
3. What would you do?

Answers

1. The issues are:

- **Law:** Assisted dying is illegal in the UK. As David points out, Mr Shanks could be charged with murder if it were discovered that he deliberately administered a lethal dose of morphine.

David could also be charged if he told Mr Shanks what would constitute a lethal dose or if he supplied the medicine knowing that Mr Shanks intended to use it to kill his wife.

- **Ethics:** As assisted dying is contrary to law, no ethical guidance was given by the RPSGB or has been given by the General Pharmaceutical Council.

The General Medical Council's guidance on end of life care allows doctors, with appropriate safeguards, to withhold treatments that would prolong the life of a terminally ill patient, but treatment must not be motivated by

a desire to bring about the patient's death.

- **David's predicament:** Supplying the 30ml pack would allow Mr Shanks to administer a lethal dose, and as he knows Mr Shanks's intentions David should not do this. On the other hand, not supplying would mean that Mrs Shanks would not receive her palliative treatment, which would increase her suffering.
- 2. He could supply the morphine solution in instalments in accordance with the prescribed dosage, although this would mean considerable inconvenience for Mr Shanks in collecting the doses.
- 3. If you have any alternative solutions, let us know. Email chris.chapman@ubm.com.

To discuss this dilemma with other pharmacists, visit the C+D website and share your views:

www.chemistanddruggist.co.uk

For more Practical Approach scenarios, go to www.chemistanddruggist.co.uk/practicalapproach

C+D AWARDS 2011

"Put yourself forward and you never know, you might win. Carpe diem has to be your attitude"

Alan Kurtz, Fishers Chemist
Winner, C+D Pharmacy Team of the Year 2010
(see page 26)

Entry closing date is March 11, 2011

With 14 categories now open, you can enter online at
www.chemistanddruggist.co.uk/awards

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Quite the catch

Fishers Chemist's staff are officially the UK's finest due to exemplary customer service. **Max Gosney** finds out what makes this award-winning team tick

Fishers Chemist staff – freshly crowned Pharmacy Team of the Year at the C+D Awards 2010 – are eyeing up a new staff uniform. Should they decide to include a crest on their latest attire, then the motto beneath will read: "Strive to deliver a superlative service."

"That's the secret of our success," says Alan Kurtz, owner of Fishers, a South Norwood-based pharmacy, since 1966. "I sometimes say to the staff, who's the most important person in the pharmacy? They say you, but I shake my head and point to the customers." It's a mantra that has served Fishers well.

Patient loyalty has helped the pharmacy pull through some difficult times. The business faced stiff competition in the early 80s as a rival opened up beside the local GP.

"People would walk past that pharmacy across the busy road out there to come to us," Mr Fisher says. "My attitude was that nobody was losing out by coming in here. We increased our opening hours and went to a lot of trouble."

The tactic reaped dividends. OTC turnover doubled within two years and within three years the pharmacy had to relocate to larger premises to accommodate the extra custom. Nobody was panicking, then, when two decades later a 100-hour pharmacy opened up just yards away. "We've just carried on doing what we're good at," Mr Kurtz says. "We've ensured that we provide as many services as possible and really focus on excellent customer service."

Fishers has also extended opening hours until 10pm on weekdays and opens both Saturday and Sunday. But it is his team that Mr Kurtz singles out as the most important factor in fighting back against the new rival. Fishers has 32 employees,

including two pre-reg students and five pharmacists. A king-size photograph of team Fishers picking up their C+D Award takes pride of place in the pharmacy window.

Fishers is refreshingly compassionate towards its workforce. After customer service, Mr Kurtz names staff training as the business priority. "If we want good staff then we have to invest in good training," says Ginny Turner-Flynn, manager at Fishers. All staff are given formal appraisals and encouraged to have their say on the business, Ms Turner-Flynn adds. Performance-linked incentives are the norm. And regular meetings are held between senior management and pharmacists, technicians and counter staff, as well as company-wide social events.

Fishers has earned an Investors in People Accreditation and the results of the emphasis on staff are clear. Mr Kurtz says the majority of employees have been with him for around 15 years, with a five-year service considered fleeting. The bulk of the team have known the same patients for more than a decade and as a result they are trusted implicitly.

Mr Kurtz proudly leafs through a recent feedback questionnaire brimming with plaudits. The pharmacy service was rated as excellent or very good by every single respondent. One form reads: "The owner is the nicest man I know."

"I don't know who it was but I'll give them a big kiss," beams Mr Kurtz. "We have some of the best customers in England."

The feeling is mutual and locals are proud to have the pharmacy officially recognised as one of the best in the country. "One of the warfarin patients said: 'I'm so chuffed to have my test in an award-winning pharmacy.'"

How Fishers won C+D Pharmacy Team of the Year 2010

A brief history: Fishers Chemist has just celebrated its centenary. When the store first opened in 1910, prescription charges were one and sixpence. It was taken over from the Fishers by current owner Alan Kurtz in 1966. Mr Kurtz had worked in London's West End serving celebrity customers including Michael Caine and Ian Fleming. In 1985 the pharmacy moved premises to its current location.

Don't mention: The old windows. When Mr Kurtz first took over, he opened the windows in the office above the pharmacy – only for the whole frame to fall out onto the street below. Mr Kurtz recalls how a lady with a pram had just walked past when the frame hit the pavement. "God, I was lucky," he says.

Team ethic: Fishers staff are taught to deliver impeccable customer service and are rewarded through incentive schemes.

Recruitment tips: "Interviewing is not an exact science," admits Mr Kurtz. "We try to look for enthusiasm and commitment."

Loyalty bonus: Fishers has several staff who are in their second decade with the business. The longest-serving staff member started in 1988.

Staff services: Fishers provides a raft of enhanced services, including chlamydia testing and flu vaccinations. The pharmacy operates the second most successful smoking cessation clinic in Croydon.

What next: Mr Kurtz plans to develop care home services and add a third consultation room.

C+D AWARDS 2011

In association with



Pharmacy Team of the Year



Fishers Chemist

Pharmacy: Fishers Chemist, South Norwood London

Award won: C+D Pharmacy Team of the Year 2010

Award entry: Working together to ensure customer service is second to none, with an emphasis on staff training.

What the judges said: "They have shown that through a team approach, pharmacy can move successfully into new services."

How they celebrated their Award: "We gave staff an extra day and a half's holiday," says pharmacy owner Alan Kurtz.

Top award tip: "Put yourself forward and you never know, you might win. Carpe diem has to be your attitude."



You could be C+D Pharmacy Team of the Year 2011. Entry for the C+D Pharmacy Team of the Year 2011, sponsored by McNeil, is now open. Go to www.chemistanddruggist.co.uk/awards for full entry details, hints and tips to make your entry stand out, to enter online or to download an entry form.

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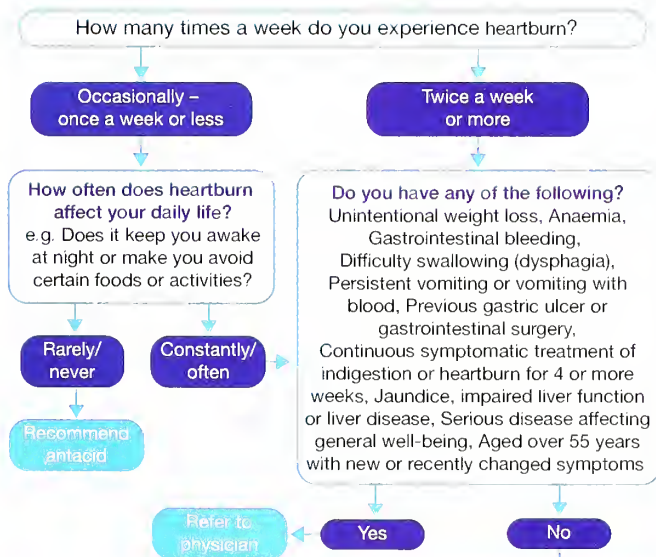
Alex is 27 years old, single, with a stressful job in the City. He is always busy, either with work, his social life or playing sports. He is generally fit and healthy, but has come to ask for some advice about what he can take to alleviate occasional heartburn symptoms. He tells you the heartburn seems to happen most often after a big night out with the boys – they usually go for a curry and like to have a few beers.

Alex says this occasional heartburn is uncomfortable and keeps him awake at night. This means he does not sleep well, and often has to miss football training or feels irritable the next day. He hasn't tried taking any medicines yet as he is not sure what will help, so just suffers until it eventually goes away.

Advice you can give...

You tell him that spicy food and alcohol can often cause heartburn so watching what he eats and drinks on these nights out could help reduce his symptoms. If heartburn still occurs you advise that an antacid or alginate could help ease his suffering.

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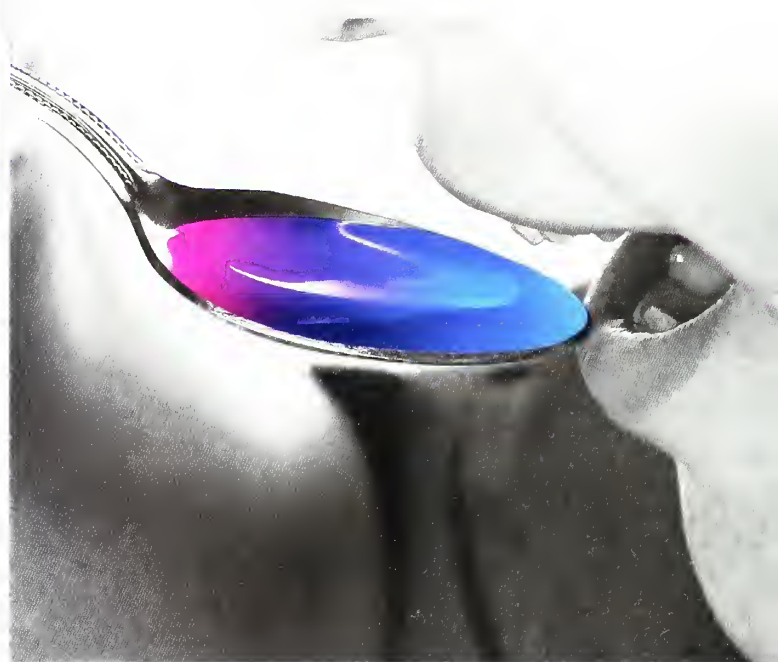
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Jenny Sims offers a best practice guide for sourcing and dispensing unlicensed medicines

The special ones



Following a change in the law this summer allowing price lists for unlicensed medicines to be published and shared, a shakeup in the procurement of specials has been triggered.

A BBC investigation, which has since revealed that the cost of specials to the NHS has risen from £57 million to £160.5m in England in four years, has made the case for reform urgent and the need for transparency essential.

PSNC is in discussion with the Department of Health about introducing a tariff for some standardised specials. But that will take months – at the earliest.

Alan Krol, chairman of the Association of Commercial Specials Manufacturers (ACSM), says they are also working with the DH "about systems for controlling the cost of specials which don't compromise the supply to vulnerable patients".

He says the change in regulation to allow publication of price lists has been "significant" and has been welcomed by the association.

He says: "Publication of price lists will promote a wider understanding of the costs of unlicensed medicines and lead to greater transparency and confidence within the specials sector."

And, he adds, they are committed to "working with health professionals to ensure that patient need continues to be met, for example, the recently published RPS guidance on sourcing specials".

What should I do when I receive a prescription for a special?

Follow the RPS decision guideline for supplying a special (see further advice on page 30). The ACSM advises choosing the preferred option that carries the lowest risk.

The preferred choice would be to use an already existing UK licensed medicine 'off label'. If this is not appropriate, consider whether the special might be available in a licensed formulation in another country – then it could be imported.

Otherwise, turn to a UK specials manufacturer with a licence to formulate specials. This is a preferred option over extemporaneous preparations as it carries a lower net risk.

For specials that have been produced in a batch, ensure the manufacturer has provided a certificate of analysis. However, a different type of certificate (Certificate of Conformity) should be provided for specials that are individually made-to-order.

Should I get in touch with the prescriber?

Definitely contact the prescriber if any questions arise regarding filling in the prescription. Legally it is the prescriber who takes responsibility for any unwanted effects caused by any special, but the pharmacist can take some responsibility alongside the prescriber. The pharmacist should ensure therefore that all reasonable steps are taken to ensure certain criteria are met. This is laid out in the MHRA's Guidance note 14 of The supply of unlicensed relevant medicinal products for individual patients.

Who can/should I contact to source the special?

It may be advisable for the pharmacist to contact the specials manufacturer directly rather than go through a wholesaler, but it is accepted that this

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How do I choose who to order from?

Again, follow the RPS decision guideline for supplying a special. But the ACSM adds: "For consistency, it's good to use the same manufacturer or supplier for repeat prescriptions."

What details should be discussed when ordering?

Most manufacturers have qualified support desks and can give advice if required.

How much do specials cost?

As many specials are bespoke, it is difficult to standardise costs (something the BBC investigation failed to explain). This is why it could be difficult to put a cap on the cost of specials, says Victoria Buyer, marketing director at Quantum Pharmaceutical. But she also agrees a transparent and fair costing system is needed.

How will I be reimbursed?

As explained earlier, the PSNC is currently in discussion with the Department of Health on the reimbursement arrangements for specials and changes are expected "in the coming months".

A PSNC spokesman adds: "The principal aim of this work is to reduce the overall amount specials cost the NHS, while ensuring that pharmacists can continue to obtain specialist medicines patients need in a timely and efficient way."

What risks are associated with sourcing, ordering and dispensing specials, and am I responsible?

For unlicensed medicine, any unwanted effects caused by the medicine are mostly the responsibility of the prescriber and, in small part, the pharmacist. This is the case unless the unlicensed medicine can be proven to be defective, and then the manufacturer would be responsible.

"Definitely contact the prescriber if any questions arise regarding filling in the prescription... the pharmacist can take some responsibility alongside the prescriber"

isn't always possible, says the ACSM. Some pharmacists prefer to order from their wholesaler, but there are benefits to ordering direct from the manufacturer, for example, they will be able to answer any questions about formulation etc. And some specialists, such as Moorfields, which offers more than 120 different ophthalmic specials, should be able to answer any complex questions.

Asa Baudin, Moorfields marketing manager, says: "We now have a dedicated team who visit clinicians, theatre nurses and pharmacists up and down the country. We talk to them about their patient needs and also educate them about specials manufacture, such as the quality process involved."

"At the same time we can get feedback and identify areas of real clinical need where we can extend our specials' portfolio. Equally, we can avoid requests for unnecessary specials where a suitable alternative might already be available. It means we can focus on innovating where there is genuine need."

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Quantum's Victoria Buyer, says: "We do our utmost to make specials as safe as possible and have a dozen separate quality checks to verify the quality and accuracy of formulations. We've just formed a quality-control department to make sure quality and safety aren't compromised in the need of speed.

"The responsibility for the safety of specials is a joint one. It is up to the prescriber to check the ratio of the actives is safe and effective for their patient, and for the manufacturer to police that as far as possible by asking the right questions at the order stage."

What record-keeping requirements are associated with specials?

As part of the MHRA's Guidance note 14, reasonable steps should be taken by pharmacists in record-keeping, records of purchase, supply, product specification, batch number, expiry dates, quantity supplied and the details of the patient should be kept for a period of at least five years. Many manufacturers give a certificate of analysis for batch-produced specials or a certificate of conformity for one-off specials.

What are the trends in the specials market?

Specials account for approximately 1 per cent of

the total amount of prescriptions in the UK and are made up of over 75,000 different formulations.

In recent years, there has been a decline in extemporaneous preparation by pharmacists and an increase in ordering from specials' manufacturers or suppliers – this is largely for reasons of quality, as pharmacy guidance is to use a source representing the lowest risk possible.

There has also been some increase in specials prescribing as a result of the ageing population – who represent the majority of demand for unlicensed medicines. According to the ACSM, this is a trend which will continue in line with the changing UK demographic.

In addition, there is a growth in niche areas where patient needs are being met through new unit dosage formats, preservative-free formulations and special treatment areas.

Asa Baudin at Moorfields points out that eye conditions are increasingly prevalent in old age, and they have seen some increase in specials prescribing around these conditions.

He says continuing focus on the patient will lead to a more specialist portfolio of options to meet clinical need.

"We want to build our business on trust and confidence. By supplying a consistently high-quality product, we will grow our business through recommendation and repeat orders."

In summary

Neal Patel, head of corporate communications at the RPS, says: "Pharmacists always make the care of patients their first concern and have to be satisfied that the products they supply to patients are of the highest quality.

"Meeting the patient's clinical need means that sometimes it is necessary to supply specials when there are not available 'off the shelf' medicines. The Society has taken action on this topic already by issuing professional guidance to pharmacists and sharing this throughout pharmacy.

"We believe strong co-operation between GPs, pharmacists and PCTs is needed to ensure that patients get the medicines they need at the best possible value to the NHS. We understand that negotiation is taking place nationally between the DH and pharmacy to improve the situation."

CPD Reflect • Plan • Act • Evaluate

Tips for your CPD entry on specials

REFLECT	What is my process for specials?
PLAN	Read this article and the RPSGB's practice guidance (see link below).
ACT	Implement/update my process.
EVALUATE	Can I justify using specials and am I delivering patient benefit?

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What the BBC investigation said

According to the BBC's figures, a saving of nearly £72 million a year could be made if all specials were limited to £75 an item. In one city in the West Midlands, they found that costs varied from £50 to £1,556 for the same item.

The mark-ups occurred when pharmacists bought through wholesalers, not direct from the manufacturer, the BBC reported. Some wholesalers offered large discounts to pharmacists, the BBC added.

Further advice on specials

- BCM Specials has recently relaunched its website: www.bcmspecials.co.uk
- Moorfields has a dedicated specialist helpline particularly for ophthalmic queries and has an online resource for ophthalmic professionals, including pharmacists at: www.dryeyesmedical.com
- PSNC: www.psnc.org.uk
- RPSGB good practice guidance: www.rpharms.com/support-pdfs/ppjune2010-specials.pdf



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CAREERS

How to avoid CV slip-ups

When does selling yourself become overselling? Employment lawyer **Alison Graham** answers nine frequently asked questions on striking the right balance on that all-important document



How much poetic licence can be used when describing achievements on CVs?

A CV should emphasise your achievements, strengths and successes and while language can be used to sell these (and you) in the best light, you should avoid giving information that is untrue or misleading.

Remember that anything in your CV could be discussed at interview, be checked out, or be relied upon in terms of the duties you're required to perform. If you exaggerate or lie about skills or achievements you risk being caught out at interview – or later down the line.

Can regular job changes or big gaps in employment be covered up?

Unless setting out your employment history is unavoidable (such as through a pre-prepared application form), you could sell and highlight your experience and achievements by using examples from past jobs that demonstrate the skills required for the role being applied for instead.

However, even if there are big gaps or regular changes in your employment, think carefully as to why this is the case as you may be able to draw the positives out of your experience.

A year out to go travelling, a

career break to raise a family, or job changes to improve skills can easily be explained at interview and may give you an advantage over other candidates.

Do I have to reveal criminal convictions?

Unspent convictions should be disclosed if requested. However, subject to certain exceptions, a "spent" conviction need not be disclosed even where there is a direct request for information. However, one of the exceptions to this is where an application is for a particular profession, of which a pharmacist is one. Therefore depending on the role applied for, even spent convictions may have to be disclosed and the prospective employer should make it clear where this is the case.

Do I have to reveal my current salary?

There is no requirement to do this, although a discussion about salary and benefits may be useful at the interview stage so that the parties can establish expectations.

Do I have to reveal long-term illnesses?

There is no obligation to tell an interviewer if you suffer from any long-term illnesses, and they should not make enquiries of your health before an offer of employment is made unless it is to establish whether any adjustments are needed for the purposes of the recruitment process, to assess if you are able to carry out a function that is intrinsic to the role, or for the purposes of equal opportunities monitoring.

After an offer of employment has been made then employers are able to make enquiries about your health and, should anything arise from any report, prompt a discussion with you about your ability to carry out the role or any adjustments that may be needed.

You may therefore decide to be

upfront and raise issues of your health at the interview if you feel this to be the most appropriate forum for explaining the situation fully or discussing any adjustments you may need.

Do I have to tell an interviewer I'm pregnant?

Again there is no requirement to tell an interviewer of your pregnancy and they should not ask. However, if you later start employment then you should inform them of your pregnancy at least 15 weeks before the due date.

Do I have to provide my previous or current employer details if I do not think they will give a good reference?

A prospective employer may draw inferences from your failure to name your most recent employer as a referee as this would be usual, and may be a requirement of the application form. However, in theory, it is for you to choose your referees.

Remember that those providing a reference have a duty for it to be true, accurate and not misleading. As such, most employers now provide a factual reference only (eg confirming employment dates and job title) without any comment on your abilities.

What checks will an employer do on my CV?

Many employers will not carry out

any checks, although employers are becoming increasingly vigilant in checking out information that has been given. Often offers of employment will be conditional upon receiving for example copies of qualifications (particularly where the qualification is a requirement of the role), security and/or CRB checks (where required), evidence to support experience and viable references.

What can go wrong if I exaggerate?

A small glorification on something insignificant may not come back to haunt you, but lying on a CV about qualifications, skills or experience you have, or failing to mention something significant may well lead to the legitimate withdrawal of any offer of employment, or lead to the fair termination of your employment.

Aside from losing your job, employers could bring a civil claim for misrepresentation and claim damages for any loss arising from this. In extreme circumstances, deception can be seen as a criminal offence leading to imprisonment for fraud.

So while the process of applying for a job is not one where modesty is the best approach, those who overstep the mark when it comes to telling the truth should do so only with extreme caution.

Alison Graham is an associate in the employment team of law firm Veale Wasbrough Vizards

CPD Reflect • Plan • Act • Evaluate

Tips for your CPD entry on CVs

REFLECT	Does my CV reflect my up-to-date professional experience and skills as a pharmacist?
PLAN	Consider what skills and experiences I need to sell on my CV to make the next career move I want.
ACT	Bring my CV up to date, using this article to avoid common pitfalls.
EVALUATE	Does my CV better reflect my skills and experience as a pharmacy professional?

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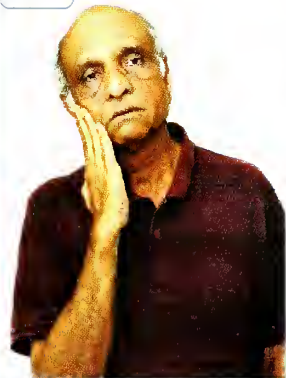


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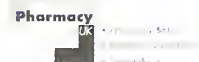


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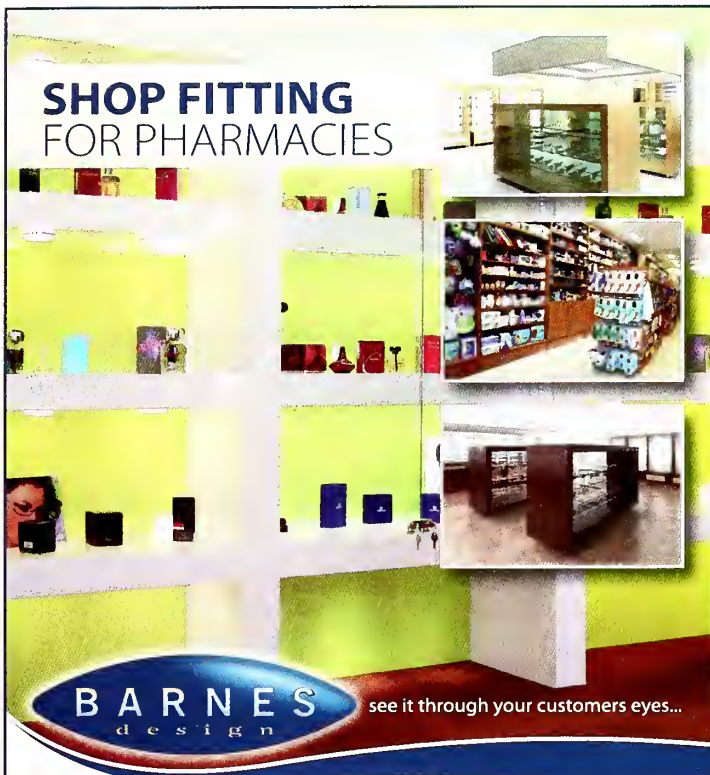
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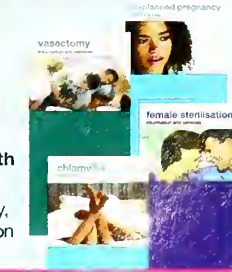
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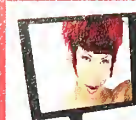


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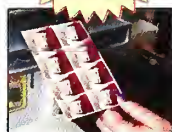
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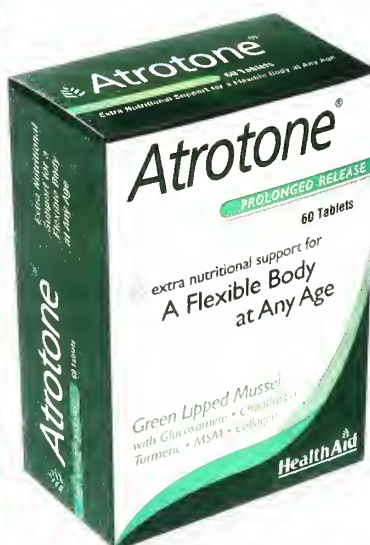


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Postscript...

The Victorian Pharmacist raises money for cancer charity



Day 21 of the challenge

Victorian Pharmacist Nick Barber has spent the month of November dedicated to raising awareness of prostate cancer – by growing a moustache.

By taking part in Movember, an event that sees men sponsored to grow a moustache for The Prostate Cancer Charity, Mr Barber hopes to raise over £1,000 for the cause.

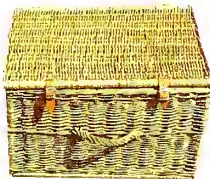
Mr Barber told C+D: "Having had friends with prostate cancer I feel strongly about giving to this cause. Movember raises awareness of this surprisingly common cancer – a man dies every hour from prostate cancer in the UK. So far it is going really well and I have raised over £800; I would like to get over £1,000."

You can find out more about the cause at: <http://tiny.cc/j4bhb>

C+D Christmas Competition 2010



Would you like to get your hands on a Harrods hamper worth more than £200 and see your pharmacy on the front cover of C+D's Christmas issue? If so, show us how you've been decorating for the holiday season in your pharmacy.



To get your hands on the prize, please send a high-resolution image by December 6, 2010 to

postscript@chemistanddruggist.co.uk, or
C+D Christmas

Competition 2010, C+D, Ludgate House, 245 Blackfriars Road, London SE1 9UY. The winning entry will be chosen by the C+D editorial team. The more festive the better!

Other notable entries will feature in the C+D Daily news bulletins on the week of December 13. Register to receive the C+D Daily at www.chemistanddruggist.co.uk/register

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C+D reader of the week

Meet pharmacist Bhavesh Patel, of Pharma Healthcare, Canvey Island, who would like to invite Heston Blumenthal over for dinner

What's the best piece of advice you have been given? To leave the toilet seat how you found it.

What's the best thing about your day? Someone has bought in boxes of cakes for Children in Need and I have already had four!

What's your favourite book? Lord of the Rings, as it is about the underdog saving the world. The films weren't as good as the book though.

Where are you next going on holiday? I am going on holiday to New York next week for a surprise!

What do you say is the secret to being a good pharmacist? Being able to communicate with your patients and staff, and having empathy.

What is the best idea you have ever had? To do community pharmacy rather than hospital pharmacy. Being your own boss is always good.

Who would you invite to your dream dinner party? Heston Blumenthal, as I think he seems like a really nice interesting bloke, and Tiger Woods.

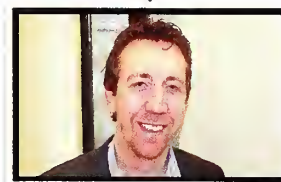
What object could you not live without? My iPhone. My favourite app is the SoundHound as it stores music and tells you what it is.

What was the last film you went to see? The last Twilight film. I was forced to see it by my girlfriend, but it was surprisingly OK.

Brown or red sauce? Red. Definitely.

What's the best thing about the area you live in? The location in Romford. You can get in and out of London quite quickly.

Calling all pharmacists and technicians. We want you to be our reader of the week. Email us at postscript@chemistanddruggist.co.uk



@The web hunter

Andrew Lansley's health white paper set out a brave new vision for healthcare in the UK. At the centre of it was the abolition of PCTs and a move to the position where healthcare services could be contracted from "any willing provider".

When Mr Lansley – or at least the Tory health team – thought this phrase up, they were thinking of a wide range of providers, from private healthcare companies, to GPs and pharmacists. But were they thinking of another type of provider – the mobile phone company?

I'm talking, of course, about O2's launch of O2 Health – a company that sets out its mission statement as "O2 Health will find better ways to deliver healthcare". Now one might scoff at this, perhaps joking about the sort of reception it might receive.

But O2 has been working with NHS trusts across the UK for the past six years to look at how telecoms can be used to improve efficiency. For instance, NHS Rotherham realised its staff were wasting hundreds of man-hours by travelling back to the office to fill out paperwork. With O2's help, Rotherham cut this out by replacing its traditional paper-based system with a mobile one that health workers could access from patients' homes.

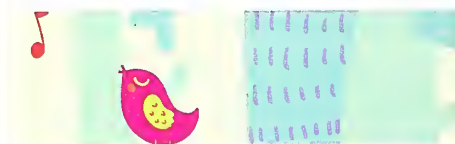
And the examples don't stop there. O2 Health has several case studies about connecting clinicians to their health systems. So is this what Mr Lansley and Martha Lane Fox mean by revolutionising the NHS through IT? Perhaps so.

And while I am somewhat dubious of allowing private companies to be this heavily involved with public services, I do believe that getting experts in to do a job is the right thing to do. But the last thing I want is to get a discount on prescription charges if I spend £20 or more a month on my mobile top-up.

Niall Hunt is C+D's digital content editor; email him at niall.hunt@ubm.com

A social tweet

The #LPC2010 conference dominated this week, join in the conversation at www.twitter.com/chemistdruggist



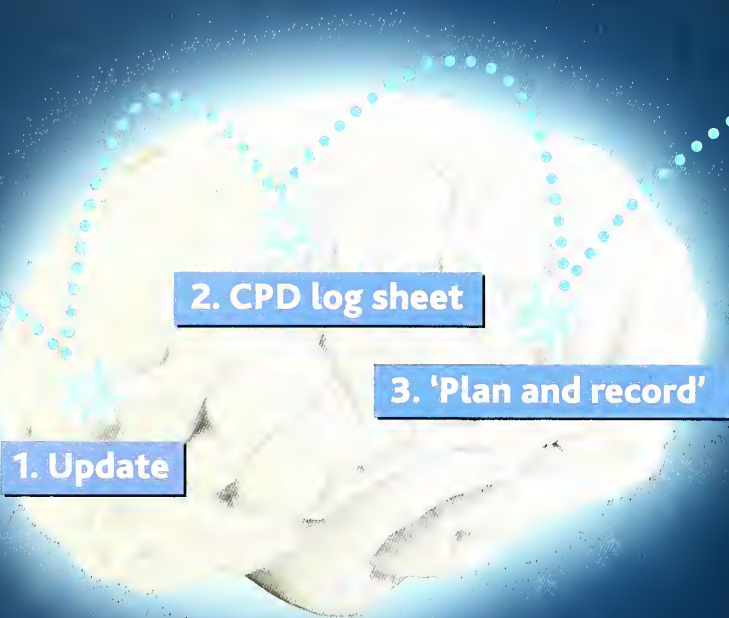
@JonathanMason: I was at the PSNC dinner last night – the 1st prescription service is go, subject to funding.

@GaryParaguri: #LPC2010 Earl Howe was extremely positive about pharmacy in the new NHS. Seemed a nice chap too.

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Paracetamol, Guaifenesin, Phenylephrine

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Beechams Ultra All In One Capsules, hard, Beechams Ultra All In One Hot Lemon Menthol Sachets. Presentation: Capsules: Paracetamol 500 mg, guaifenesin 100 mg, phenylephrine hydrochloride 6.1 mg. Sachets: Paracetamol 1000 mg, guaifenesin 200 mg, phenylephrine hydrochloride 12.2 mg. **Uses:** Symptomatic relief of colds, flu, pain and discomfort of sinuses, including aches, pains, headache, blocked nose, sore throat, chills, temperature reduction, loosening stubborn mucus and relief of chesty cough. **Dosage and administration:** Adults and children 12 years and over only. 2 capsules or one sachet every 4 hours as required up to 4 doses in 24 hours. **Contraindications:** Hypersensitivity to any ingredient, severe heart disease and cardiovascular disorders, hypertension, hyperthyroidism, MAOI use in last 2 weeks, glaucoma or urinary retention, use with other sympathomimetics. **Precautions:** Avoid use with alcohol, other cold medications or decongestant or paracetamol-containing preparations. Raynaud's Phenomenon, diabetes mellitus, severe renal or hepatic impairment, prostatic hypertrophy, angina. **Interactions:** Warfarin or other coumarins, domperidone, metoclopramide, colestyramine, tricyclics, phenothiazines, anti-hypertensive drugs, diuretics and halogenated anaesthetic agents. **Pregnancy/lactation:** Seek medical advice. **Side effects:** Usually well tolerated in normal use. Hypersensitivity reactions including skin rash, blood dyscrasias, gastrointestinal discomfort, increased blood pressure with headache, vomiting, palpitations, tachy/bradycardia, tingling and numbness of skin. See SPC for full details. **Overdosage:** Seek immediate medical advice due to risk of delayed, serious liver damage. **Legal Category:** GSL. **Product licence number:** PL 00000002 (Capsules), PL 00000006 (Hot Lemon Menthol). **Product licence holder:** Wrafton Laboratories Limited (T. J. Perrigo). Distributed by GlaxoSmithKline Consumer Healthcare, Warrington, TW8 9GS, UK and all enquiries should be sent to this address. **Package quantity and RSP:** 8 tablets or 4 sachets £2.99; 16 tablets or 10 Sachets £4.99. **Date of last revision:** September 2010. **BEECHAMS** is a registered trademark of the GlaxoSmithKline group of companies.

*Source: Nielsen, Total coverage WAT value sales data to week 23 10.10.